



Board of Health Agenda

Date: October 13, 2021

Time: 2:00 PM

Location: Conducted by Remote Participation

1. Administrative

BOARD OF HEALTH MEETING AGENDA

Date: Wednesday, October 13, 2021

Time: 2:00pm

Location: Conducted by Remote Participation

In accordance with the Governor's Order Suspending Certain Provisions of the Open Meeting Law, G. L. c. 30A, § 20 relating to the COVID-19 emergency and subsequent Act Extending Certain COVID-19 Measures Adopted During the State of Emergency, the October 13, 2021 public meeting of the Arlington Board of Health shall be physically closed to the public to avoid group congregation. The meeting shall instead be held virtually using Zoom.

Public access to this meeting shall be provided in the following manner:

Real-time public comment can be addressed to the Board of Health utilizing the Zoom virtual meeting software for remote participation. This application will allow attendees to request an opportunity for public comment, and allow the Board Chair to grant attendees the opportunity for public comment. Attendees can use either phone or computer to participate in the meeting. Public comment can also be sent in advance of the meeting by emailing the Board of Health at boh@town.arlington.ma.us by no later than 5pm on October 12, 2021. Submitted public comment will be read into the record at the appropriate points in the meeting.

Zoom Login instructions:

Instructions and the meeting link for this specific meeting can be found on the Board's agenda and minutes page or on the Town's meeting calendar. The meeting registration information is listed below. When attendees enter the meeting, they will be placed into a virtual waiting room. Attendees will be admitted into the meeting from the waiting room at the start of the meeting.

Please register in advance for this meeting:

<https://town-arlington-ma-us.zoom.us/join/register/tZIsd-mgqjwoG9ZIIpef5VNzUtIA-zEuqiA>

On this agenda:

2. Acceptance of Meeting Minutes from September 15, 2021
3. COVID-19 Situational Update
4. Public Health Nurse Update
5. DISCUSSION:

Mask Mandate

Events:

- Mystic Brass Ensemble - First Baptist Church of Arlington

6. HEARING:

Keeping of Hens - 88 Westminster Ave

7. HEARING:

Variance Request - Toraya

8. HEARING:

Ink by Mina - Body Art Establishment Application

9. HEARING:

Ismini Vocas - Body Art Practitioner Application

10. HEARING:

Dylan Vadakin - Body Art Practitioner Application

11. HEARING:

Housing Code Violation - 142 Summer Street

12. UPDATES:

Environmental Health

13. UPDATES:

Restaurants

PUBLIC COMMENT

Adjourn



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

BOARD OF HEALTH MEETING AGENDA

Date: Wednesday, September 15, 2021
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<https://town-arlington-ma-us.zoom.us/join/tZlIdu6qqT0sGNBSjzi9P5am9ZWaksZKQRES>

On this agenda:

Attendance –

Maria Walsh-Condon, Aye
Kevin Fallon – Aye
Ken Kohlberg, Aye

Diana DeStefano, Aye
Jessica Kerr, Aye

Ashley Jean, Aye
Natasha Waden, Aye
Pat Martin, Nay

Applicants

Michael Hunnewell – Eskar, Aye
Jeremy McCormack – Benchmark Practitioner, Aye
Shajid & Farah Shaikh– Galaxy Market, Aye

Acceptance of Meeting Minutes from August 11, 2020

Dr. Condon has a couple of comments. On pg 3, Item no. 2 in the COVID situational update, Dr. Condon requests to add the words “to date” in reference to the month of August.

Pg. 3 section 2, Dr. Condon request to remove the word “best” and instead add “an additional indicator”.

Pg. 4 first paragraph, Dr. Condon requests to remove the last sentence “the state has also adopted this stance”

Pg. 5 No. 6, public comment, Dr. Condon requests to change the language “past practitioner” to “retired physician”.

Dr. Kevin Fallon makes a Motion to accept minutes with suggested corrections by Dr. Condon. The motion is seconded by Mr. Kohlberg. All in favor.

3. Acceptance of Meeting Minutes from August 18, 2020

Pg. 4, Dr. Condon identifies a typo of the word “work” which should be changed to “word”.

Motion made approved as edited by Mr. Kohlberg, second by Dr. Fallon. All in favor.

4. COVID-19 Situational Update

Public Health Nurse, Jessica Kerr reports that there have been 2101 positive, 204 probable, and 87 deaths associated with Covid-19. In August there were 145 cases. To date in September, there have been 50 cases, which show an encouraging decrease from last month.

Lucille Nicholson is back to do contact tracing. Contact tracing hours are M-F 8-4. We’re working closely with the schools to assist them with contact tracing. We’ve met with superintendent, school nurse leader, and COVID-19 lead to keep lines of communication open.

Leadership group is meeting as needed to discuss ongoing policies. We are working to re-connect with childcare facilities to provide clarification on isolation, quarantine and the school test and stay program.

5. Public Health Nurse Update

It is the beginning of flu season, and clinics have started at AHA Sr. Buildings. Two clinics have already been conducted in these facilities. Clinics at the remaining facilities will be conducted throughout the next few weeks and ending with an open clinic at Town Hall on September 30. To date, we have seen more participants than we have over the past few years.

We have been in discussion with schools to work on school-based clinics to vaccinate students.

Arlington is Host Agency for MRC and Sara Nelson has been hired as the new MRC Coordinator.

6. DISCUSSION:

Mask Mandate

The CDC community transmission data and MWRA wastewater data for Middlesex County have illustrated a small decrease, but no significant change at this point. At this time, we have not met the 2-week consecutive low-risk designation per the CDC classification and therefore the mask mandate will remain in place.

A discussion was had in regards to making exceptions to the mask mandate, specifically as it relates to the performing arts and indoor semi-private events. The Board determined that they would be willing to discuss the specifics of the event and make decisions based on a case by case basis.

The following events were discussed:

Theatre

Both Pat Martin and Director Waden have been working with Arlington Friends of Drama. Director Waden invites Mr. Charles Carr to speak. Mr. Charles Carr states that due to the small space of the theatre, the 25ft distance eliminates half of the 194 seats available. There is a show in October with a cast of 4 individuals singing. Mr. Carr explained that the cast members have all volunteered to be tested within 72hrs of each of the two weekend performances; the theatre will require proof of vaccination for performers/attendees; and all other building occupants would be masked. Given these additional steps, Mr. Carr would like to ask for a variance from 25ft distance requirement between performers and the audience so that they could sell all or most of seats while also having a safe performance.

Dr. Condon reviews that the 25ft is put in place due to projection of singers, but does believe that number was chosen for larger venues with more cast members. Dr. Condon believes that all explained measures illustrate a safe situation and would be in favor of a variance.

Mr. Kohlberg concurs and would like to see a more detailed variance outline in the future.

Dr. Fallon is pleased to hear that audience masking will remain in place and is in favor of negative tests for performers, masked audience, and the proof of vaccination requirement.

The Board concurs that the Health Department and Arlington Friends of the Drama can work together to develop a plan. The Health Department will follow-up.

Wedding

Director Waden explained that the Town has multiple venues (such as Town Hall auditorium and Whittemore Robbins House) where special, semi-public events take place. These events include wedding ceremonies and receptions. Recently, there have been a couple of inquiries about whether or not the mask mandate could be lifted indoors for these events if all guests agreed to be tested on the day of the event and only those who test negative were allowed to enter the facility.

Dr. Condon states the assumption that these would apply to large gatherings, and is not comfortable with the idea of large numbers gathered unmasked at an indoor setting at this time. Dr. Condon stated she would be more willing to consider an exemption for the bride and groom, but not for all guests. Dr. Condon also mentioned that it is possible that the mask mandate may expire by the time the event takes place.

Dr. Fallon questions the practicality of testing all individuals on the day of the event, and would like more specifics about the availability of testing.

Mr. Kohlberg would be open to considering the option with more details as to the specifics and believes that Town Council should be engaged in this process.

Dr. Condon summarizes that the Board would be open to hearing more specifics about this proposal at the next meeting if the mask mandate remains in place.

Susan's Barber Shop

Director Waden reports that the Office has received a number of complaints regarding Susan's Barber Shop. Inspectors from the office visited the establishment approximately two weeks ago and reported that upon arrival the owner and staff were observed unmasked while working on clients. Although the mask mandate was explained to the owner, she stated that she would not adhere to the mandate. To date, the department has received two additional complaints at this establishment.

Director Natasha Waden explained that she is bringing this before the Board to discuss what next steps the Board would like to take with this establishment. In speaking with Town Counsel, Waden provided the board with the following options:

1. Place the establishment under formal order to comply
2. Require the business to appear at the next Board of Health Meeting
3. Begin fining the establishment
4. Begin the process for seeking a court ordered injunction which would close the establishment until they are in compliance with the mask mandate.

Dr. Condon asks if the business owner has been informed of the possibilities of next steps. Director Waden states not yet. Dr. Condon states that a first step would be formal notification of possible consequences of non-compliance.

Mr. Kohlberg believes that it is a legal matter and they need formal written notice of non-compliance. This needs to be done immediately as this is a public health measure for the protection of the public health.

Dr. Fallon agrees with need for immediate notification and local authority of enforcement.

7. HEARING:

Benchmark Tattoo - Body Art Practitioner Application

Ms. Curbow provided an overview of Mr. Jeremy McCormack's application and reported that it is in compliance with the Town of Arlington's Body art rules and

Mr. McCormack thanked the Board for their time and provided them with a summary of his qualifications.

Dr. Fallon made a motion to approve the application; Mr. Ken Kohlberg seconded the motion. All are in favor. Annette will be in touch with next steps.

8. HEARING:

Eskar Arlington LLC - Permit to Operate a Marijuana Establishment

Director Waden re-introduces the application and explains that this establishment is in compliance with all requirements of the permit and had been before the Board previously but because they were missing one SOP, the hearing had been continued.

Mr. Hunnewell reported that Inspector Pat Martin notified him that the Police department had approved of all answers to outstanding questions regarding the establishment's security plan and that additional language was added to their existing SOP to clarify that camera footage will be kept on file for 90 days.

Mr. Hunnewell confirms that all updated SOP's were sent on Friday morning to Inspector Martin. Additionally, he reported that they are hoping to open in the early part of Q1. They believe demo would start next week, and that the build out would take about 10-weeks.

Dr. Fallon made a motion to approve the application as presented by Dr. Fallon; seconded by Mr. Kohlberg. All are in favor.

9. HEARING:

Tobacco Violation - Galaxy Market

Health Compliance Officer Annette Curbow provided an overview of tobacco sales violations that have occurred at this establishment over the last 6-8 months. Most recently, the establishment had been serving a tobacco sales suspension when inspectors conducted a spot check on August 10th and found multiple tobacco products onsite in a bin adjacent to the register. A second spot check on September 1st revealed multiple tobacco products including flavored tobacco being stored in a drawer under the register. As a result of these ongoing violations, the establishment is being brought before the Board to discuss the continued suspension or revocation of their permit to sell tobacco products.

The Galaxy Market owners, Shajid and Farah Shaikh, stated that these products were found very far under the counter, and they were unaware that these products were there.

Dr. Condon states that based on the repeated violations, she is not comfortable having this establishment sell tobacco products.

Mr. Kohlberg believes this is a legal issue and Town Council should be made aware. This has gone beyond a public health issue.

Director Natasha Waden outlines the Tobacco Sales regulations and reviewed the options that the Board of Health can take concerning this matter. The options include:

- 1) Continuation of a suspension to sell tobacco products.
- 2) Revocation of their permit to sell tobacco products.

Upon reviewing the options Director Waden invites the owners to comment about these options. Ms. Shaikh states that they are no longer able to afford the business, and therefore are looking to sell. Ms. Shaikh voices her concern that revoking the license means that they cannot sell the business, despite having lined up a prospective buyer.

Director Waden explains that if the board were to suspend the permit, it would still exist with the business and if the business is sold, the new business owner would have the first option to apply for this permit. If the Board revokes the permit, it would mean that there is an open permit and anyone interested in selling tobacco products could apply for it.

Mr. Fallon believes the suspension should be continued in accordance with the regulation.

Dr. Condon asks if there can be a suspension that ends upon change of ownership. Director Waden states that once there is a change of ownership, the suspension would be lifted. However, Waden suggests that if the Board wants to consider extending the suspension that it is through the end of the year (December 31, 2021). If the business is not sold by that point, the Board will have to determine if a new permit will be issued in 2022 for this establishment.

Dr. Fallon makes a motion to continue the suspension effective immediately, to expire on December 31, 2021 or upon transfer of business ownership; motion is seconded by Mr. Kohlberg. All are in favor.

The Health Department will be in touch with the owners regarding next steps.

10. UPDATES:

Environmental Health

Director Waden reports that the Department is working with the former Belmont ACO to host a public forum through Zoom to address the most recent concerns about coyote's encounters in Town.

Spy Pond and Monotomy Rocks Park have been posted for algal blooms. We have worked on public education. Algal bloom posting cannot be removed until two consecutive tests within a 14 day period indicate that levels are below the threshold.

There have been 5 human cases of WNV, four in Middlesex County. Arlington's risk was elevated from moderate to high risk. There have been press releases and town communications notifying the town.

Rodent Update

Director Waden provided the Board with an update on the Department's current rodent control/education program. Waden explained that there is a lot of concern among residents about the use of rodenticides and the effects they have on wildlife.

Although the Department emphasizes the importance of Integrated Pest Management (where rodenticides are the last resort) we recognize that more targeted education is necessary.

11. UPDATES:

Restaurants

Thrive Juice Café was affected by fire.

PUBLIC COMMENT

No public comment

Adjourn

Motion to adjourn was made by Dr. Fallon, seconded by Mr. Kohlberg. Meeting adjourned at 4:05pm.



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

To: Board of Health Members
From: Ashley Jean, Health Compliance Officer
Date: October 7, 2021
RE: Mystic Brass Ensemble at First Baptist Church of Arlington – Variance Request

Mystic Brass Ensemble is requesting a variance of the Arlington Mask Mandate for a concert at First Baptist Church of Arlington (819 Massachusetts Ave). The concert would take place on November 14, 2021. The event would start at 3:00 pm and end at 4:15 pm. There will be 22 performers and 35 guests in attendance. The Ensemble's safety requirements for performers would be proof of vaccination, social distancing, and usage of masks when possible. The Ensemble's requirements for guests would be proof of vaccination, social distancing, masks required, and registration prior to attendance.

Additional information has been requested but no response has been received at this time. It is anticipated more information will be provided at the Board of Health meeting on October 13th, 2021.



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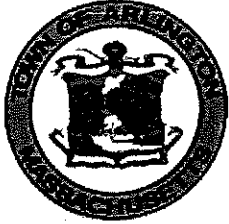
MEMO

To: Board of Health Members
From: Ashley Jean, Health Compliance Officer
Date: October 7, 2021
RE: Keeping of Hens Request at 88 Westminster Avenue

Alexandra Rowell submitted a Keeping of Hens Site Plan Review Application for 88 Westminster Avenue on August 17th, 2021. The property's dwelling is a single-family structure owned by the applicants on an 11,184 sq. ft. lot. The property has two abutters. Abutters were notified by the applicant of their intent to receive a permit for the keeping of hens via certified mail.

The attached application provided by the applicant illustrates that all distance requirements set forth in the Town Bylaw are satisfied; the coop's location does not violate the six feet minimum distance from all property lines. A site walk through was conducted on September 1st, 2021 to verify the location of the coop and run. At the time of the site visit, the applicants had not yet purchased the coop or hens, but have marked the planned location, which meets all setback requirements.

Included with this memo please find a site diagram of the coop as well as an inspection report from the September 1st site walk through. The application included thoughtful responses and all necessary components. If the application is approved, no final permit will be granted until an inspection of the finished coop confirms the build-out matches the design specifications.



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KEEPING OF HENS SITE PLAN REVIEW APPLICATION

These guidelines are not final requirements. The Board of Health may require additional information based on the type and location of operation.

Plan Review Fee: \$150.00 (checks made payable to: Town of Arlington)

For office use only: Date/time application received: 8/17/2021 Received by: Ashley Jean
(BOH Staff)

APPLICANT NAME: ALEXANDRA ROWELL

APPLICANT ADDRESS: 88 WESTMINSTER AVE

CONTACT NUMBER: 617-733-8507

CONTACT EMAIL: alexandra.b.boyle@gmail.com

Keeping of Hens Application Process Summary

1. Submit this Site Plan Review Application to Health Department with check for \$150.
2. Health Department reviews application and conducts site walk.
3. After plan review and site walk, a meeting date with the Board of Health is set. The applicant will notify all abutters at least 14 days but no more than 30 days prior to the hearing, of their intent to keep hens and the BOH hearing date, time and location. Abutters shall include both owners and tenants. The applicant shall provide verification of notification in the form of a signed letter or USPS receipt that a certified letter has been received.
4. A meeting with the Board of Health is held and a decision made to approve or deny application based upon all requirements set forth in town bylaw.
5. Once approved by the Board of Health, the applicant is required to submit an Application for Annual Permit to Keep Hens to the Health Department with a check for \$100 and the applicant will be permitted to construct coop and pen.
6. A final inspection is conducted once coop and pen have been constructed and final approval to keep hens is granted.
7. An annual permit to keep hens is required through the Health Department expiring April 1st of every year. A renewal permit must be obtained. Permit holders that fail to renew their keeping of hens permit prior to April 1st are subject to a \$100 reinstatement fee.
8. An annual inspection will be conducted by the Health Department. Failure to meet requirements set forth in the town bylaws may result in a re-inspection fee of \$100 and a hearing with the Board of Health to determine whether permit should be revoked, suspended, or subject to further conditions.

CIRCLE/ANSWER THE FOLLOWING QUESTIONS:

Is the applicant the sole owner of the property where hens will be kept?

YES/NO

If no, please provide signed written statements from all property owners granting permission for the keeping of hens. Spouse is additional owner

What is the size of the property lot in square feet? 11,184 sq ft

I. HENHOUSE / PEN:

1. Location

- a. Will the henhouse/pen enclosure be in the rear yard of the property? ☒ YES ☐ NO
- b. Will the henhouse/pen enclosure be at least six (6) feet from all property lines? ☒ YES ☐ NO
- c. Will the henhouse/pen enclosure be at least 25 feet from existing residences on adjacent lots? ☒ YES ☐ NO
- d. Will the henhouse/pen enclosure be located at least 200 feet from the high water mark of any known source of drinking water supply or any tributary thereof, and at least 50 feet from any well? ☒ YES ☐ NO
- e. Will the henhouse/pen enclosure conform to all relevant property setbacks for accessory structures as specified in sections 6.18 and 5.04(8.23) of the zoning bylaws? ☒ YES ☐ NO
- f. Will the henhouse/pen enclosure interfere with any utility or other feature of the property that needs suitable access? ☒ YES ☐ NO
- g. Will the henhouse/pen enclosure be located in a well-drained area that does not discharge to a public way or neighbor's property? ☒ YES ☐ NO
- h. ☒ Please provide a plot plan depicting all of the following: all structures on property, all structures on abutting properties, and proposed locations of the henhouse/pen enclosure, composting/manure storage and food storage.

2. Construction

- a. Will the henhouse enclosure provide a minimum interior floor surface of at least two (2) square feet per bird? ☒ YES ☐ NO
- b. Will the pen enclosure provide a minimum ground surface of at least five (5) square feet per bird? ☒ YES ☐ NO
- c. Will the henhouse/pen enclosure be securely constructed in a manner that excludes predators and pests, including those that fly, burrow and reach? ☒ YES ☐ NO
- d. Will the pen enclosure have a predator and pest proof material across the top? ☒ YES ☐ NO
- e. Will the henhouse provide protection from the elements as needed? ☒ YES ☐ NO

f. Will the henhouse be constructed in such a manner and with such materials that allow for effective weekly cleaning? YES/NO

g. Please provide a separate detailed description of the henhouse/ pen enclosure, including square footages and photographs if possible.

3. Maintenance

a. Will the feed be securely stored in a rodent and pest proof container? YES/NO

b. Will the feed leftover from feeding remain in an area accessible to rodents and pests past dusk? YES/NO

c. If weather is too cold, or composting is otherwise not possible, will there be a sealable container for waste to be stored until disposal? YES/NO

d. If composting is possible, how and where will waste be composted with carbonaceous material such as hay, bedding, or leaves? Please identify composting/ manure storage location on required certified plot plan.

Chicken manure and food scraps will be composted with used bedding and leaves in compost bin stored adjacent to chicken coop. We plan to purchase a tumbling-style compost bin that is raised off the ground and is well sealed to prevent rodents.

e. What measures will be taken to prevent the buildup of pests or rodent populations due to the presence of hens on the property?

Removal of food scraps and residual feed from coop every evening, 1/4" hardware mesh all around coop to prevent entry of pests/rodents, traps around coop (out of reach of children + chickens), food stored in tightly sealed containers locked into closed compartment/shed below nesting boxes, no debris around coop where rodents could hide or nest, scheduled weekly raking out of run and hosing down/scrubbing of stones/brick surrounding coop. I also plan to look into incorporating plants near the area that deter rodents. Last, I plan to use self-closing feed containers that open to the weight of a chicken but not a mouse.

f. Please provide a separate detailed written maintenance plan describing the following: cleaning practices and schedule for the henhouse/pen enclosure and feed and water containers, which anti-bacterial/viral cleaning solution will be used, which bedding material will be used in the henhouse and at which depth it will be provided, how frequently the bedding material will be composted, and any other appropriate nuisance (odor & noise) prevention measures that will be taken.

II. HENS:

1. Hen keeper

- a. The hen keeper must take a class in keeping hens. Is a copy of a certificate of completion from a hen-keeping course included in this application? (YES) NO
- b. Will there be a knowledgeable person in charge to care for hens during vacations or extended leaves? (YES) NO

2. Source

- a. What type of hens and how many hens will you be keeping?
4 hens to start, in several years may increase to a maximum of 6. Buff orpington, Australorp, Easter Egger, and possibly Plymouth Rock
- b. Will the hens be acquired from S. pullorum clean sources from National Poultry Improvement Plan (NPIP) participants? (YES) NO
- c. Where will the hens be acquired from and what documentation will be provided?
mypetchicken.com and they will provide NPIP documentation and proof of Marek's vaccination.

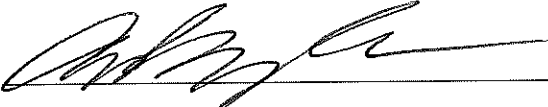
3. Health & Disease Concerns

- a. Will the hens be vaccinated from any communicable diseases? (YES) NO
If yes, from what? Marek's, then likely medicated feed
- b. Will newly acquired hens be isolated from healthy resident birds? (YES) NO
If yes, where and for how long? Presently no resident birds but if we choose to later increase size of flock, would acquire baby chicks and keep separate for at least 4 weeks, inside home in warmer (6 weeks if day old chicks).
- c. Will the hens be separated from wild migratory fowl at all times? (YES) NO
- d. What will be done with a hen if it dies? It will be bagged multiple times and disposed of in the trash.

To complete this application the following materials must be provided:

- Copy of list of property abutters obtained from Town of Arlington Assessors Office.
- If applicant is not sole property owner, signed written statements from all property owners granting permission for the keeping of hens.
- Plot plan drawn to scale depicting all of the following: all structures on property, all structures on abutting properties, proposed locations of the henhouse/pen enclosure, composting/manure storage and food storage, and distance of henhouse and pen from property lines and existing adjacent residences. The BOH reserves the right to require the applicant to provide a plot plan certified by a professional engineer or land surveyor to resolve any questions or disputes relating to the conformance of the placement of the henhouse and pen with any and all relevant property setbacks and zoning bylaw requirements.
- Written maintenance plan and description of henhouse/pen enclosure.
- Copy of certificate of completion from a hen-keeping course.
- After a BOH hearing date has been set, submit a copy of a signed and dated letter or receipt from USPS that a certified letter has been received by each abutter informing them of your application to keep hens and notifying them of the BOH hearing date, time and location. Abutters include both property owners and tenants.

I have read the town bylaws regarding the keeping of hens and understand the requirements as outlined. I understand failure to comply with the requirements of the town bylaws and failure to prevent a public health nuisance may result in revocation of my Permit to Keep Hens.

Signature:  Date: 8/15/21

-----Office use only-----

Board of Health Meeting Date Assigned: A. Jean

CHRISTOPHER R ROWELL
ALEXANDRA B ROWELL
88 WESTMINSTER AVE
ARLINGTON, MA 02474-2709

5-7017/2110

664

DATE 8/15/2021

PAY TO THE ORDER OF Town of Arlington \$ 150.00

One hundred and Fifty and xx/100 DOLLARS ☒ Payable to Order

****Citizens Bank***

MEMO Plan Review Fee for Kat

 MP



DIVISION OF AGRICULTURE

RESEARCH & EXTENSION

University of Arkansas System

Course Completion Certificate

This is to certify that

Alexandra Rowell

has completed the course

Backyard Poultry

on

May 7, 2021

Henhouse Maintenance Plan:

Bedding Material: Pine shavings

We will have designated shoes to wear in and around the chicken coop as well as designated rakes/tools for cleaning.

Hand sanitizer will be kept just outside the coop.

Daily:

Fresh food and water brought out to hens each morning.

Spilled feed and residual feed removed at end of day.

Any moist bedding from spilled water removed immediately.

No debris will be allowed to accumulate around the coop.

Weekly:

Soiled bedding removed and composted, replaced with fresh bedding to maintain 5" depth inside coop.

Any accumulated manure scraped from roosts.

Nest boxes cleaned as needed.

Run raked and fencing inspected.

Bricks/stone around coop hosed off/scrubbed clean.

Water and food containers scrubbed clean with soap and water and rinsed with a diluted bleach solution.

As Needed, At Least Monthly:

Scrape interior surfaces of henhouse clean and wipe surfaces with vinegar.

Replace base layer of henhouse floor and nesting box contents.

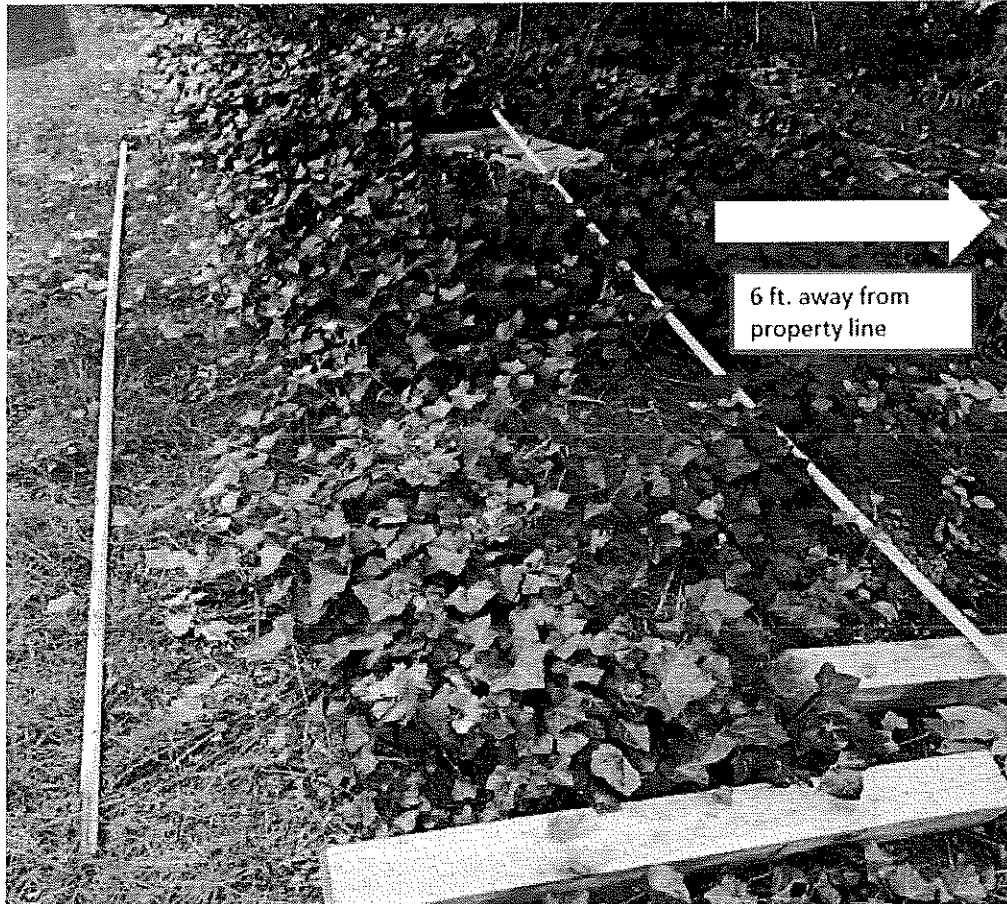
Refill hand sanitizer at coop

Every Fall and Spring:

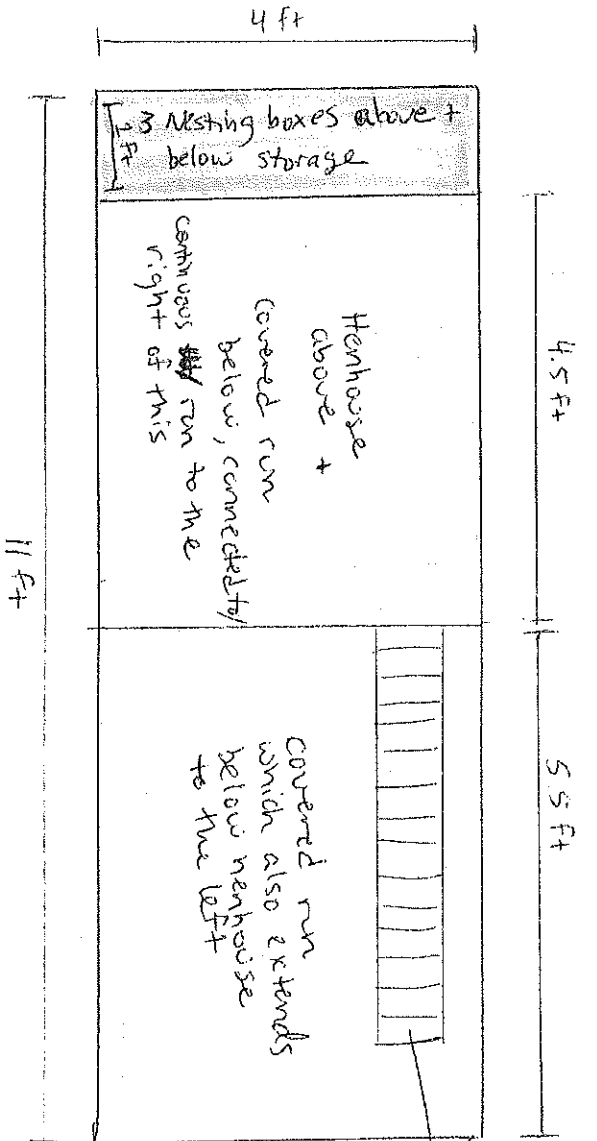
Deep clean and disinfect coop:

- Dry clean: Sweep and remove dust/debris, remove all manure from roosts and other surfaces by scraping, remove and compost all bedding and manure.
- Wet clean: Soak heavily soiled areas with water, scrub all surfaces of the coop and pen with a mixture of hot water and dish detergent and a stiff brush, then rinse off completely with water and dry.
- Disinfect: Spray all surfaces of the coop with a diluted bleach solution (6oz bleach to 1 gallon of water). Allow to rest on surface for at least 10 minutes prior to rinsing off. Rinse and dry coop completely prior to allowing hens back into coop. If bleach is too difficult to use safely, I may opt to use a hydrogen peroxide based cleaner instead such as Rescue or Virkon-S but my preference is to use bleach.
- Scrub clean with detergent and water and then soak waterers and feeders in a diluted bleach and warm water solution (1 tbsp bleach to 1 gallon of boiling water)
- Scrub clean with detergent and water and then soak rubber boots in diluted bleach solution. Soak scrub brush and tools used in coop maintenance (rakes, scrapers, etc) in diluted bleach solution.
- Make any needed repairs: Check for drafts/small openings and make any other needed repairs.
- Add new pine shaving bedding into coop.

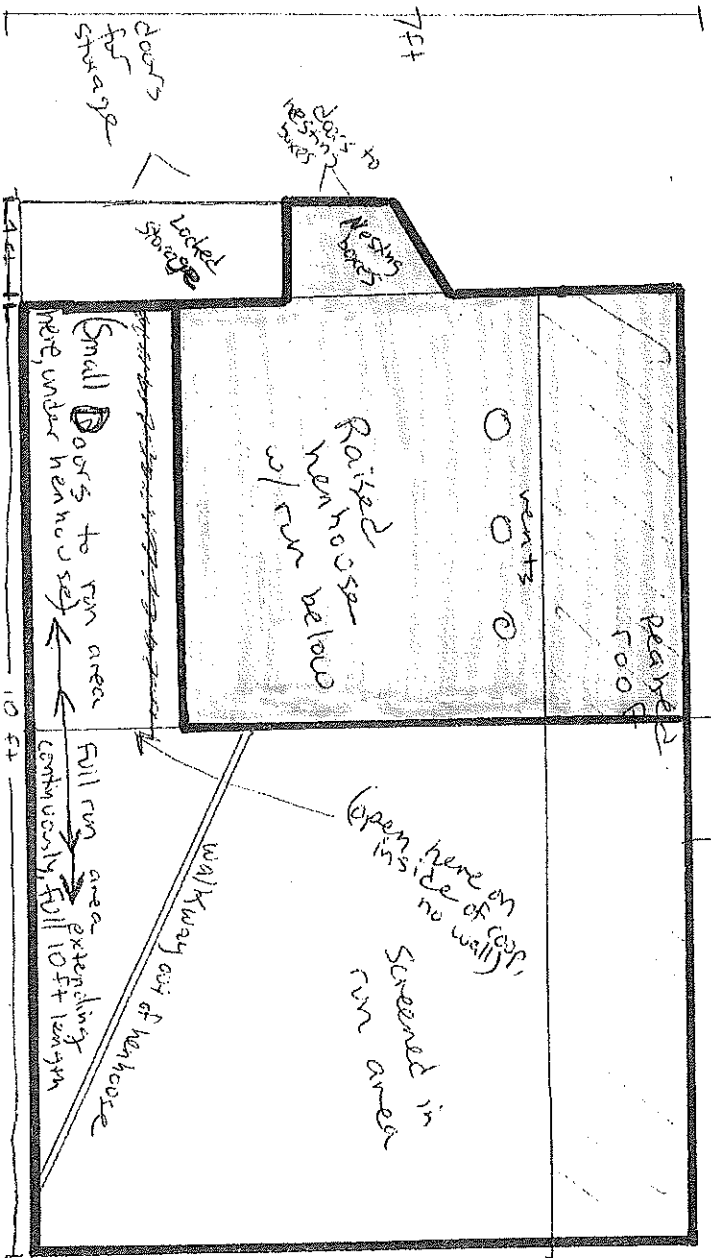
Site Walk Through 09/01/2021



VIEW FROM ABOVE:



SIDE VIEW:



walkway down to run from raised henhouse

- Run ground surface area: 40 sq. ft ✓

- Henhouse interior floor surface area: ✓

18 sq ft plus 4 additional square ft of nesting box space (total 22 sq ft)

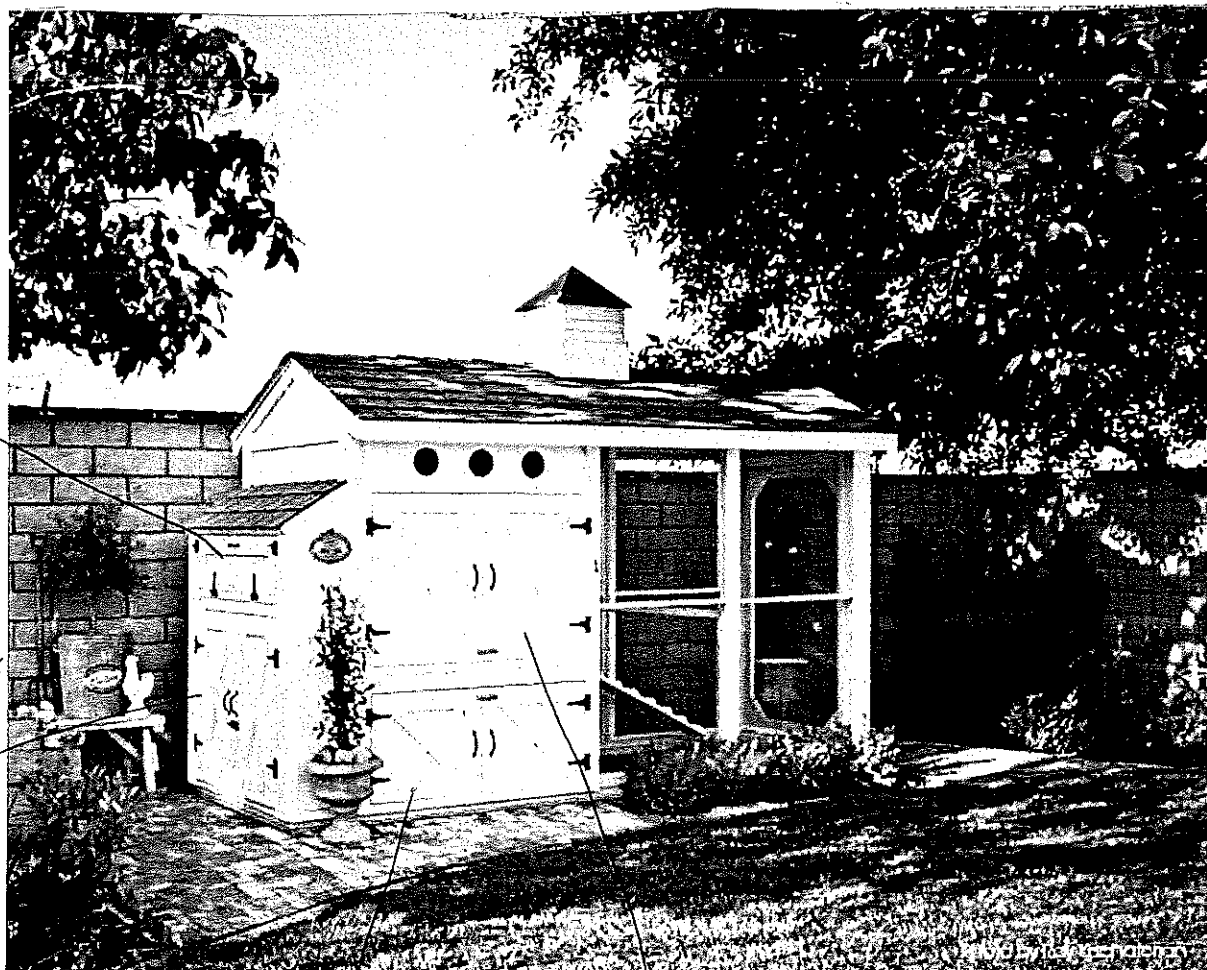
□ = run area (all continuous)

◻ = interior area

Full size door on side of coop

Detailed Description of Henhouse/Pen Enclosure:

We are building our own coop using plans we purchased online. The design is for a structure that is 4' wide x 11' long x 7' tall. Half of the structure is the raised henhouse with 3 nesting boxes and roosts (the henhouse will total about 20 square feet) and the other half is the run (totaling about 40 square feet; 20 square feet adjacent to the henhouse continuous with 20 square feet underneath the henhouse). All vents and open areas of the henhouse and the run will be covered with $\frac{1}{4}$ " hardwire mesh. The hardwire mesh will also extend 12-18" underground around the entire structure. We may also surround the henhouse with stone or brick to facilitate easier cleaning of the surroundings and prevention of burrowing animals. Each door will have a multi-step lock to protect against more determined/agile predators. There is a door from the henhouse to the run which will open with a string from the outside and there is a regular height door for entering and cleaning the run as well as a chicken sized door that can be opened or locked closed. There will be a storage compartment underneath the nesting boxes where closed containers of food and cleaning supplies will be stored. Roof is shingled across the entire structure.



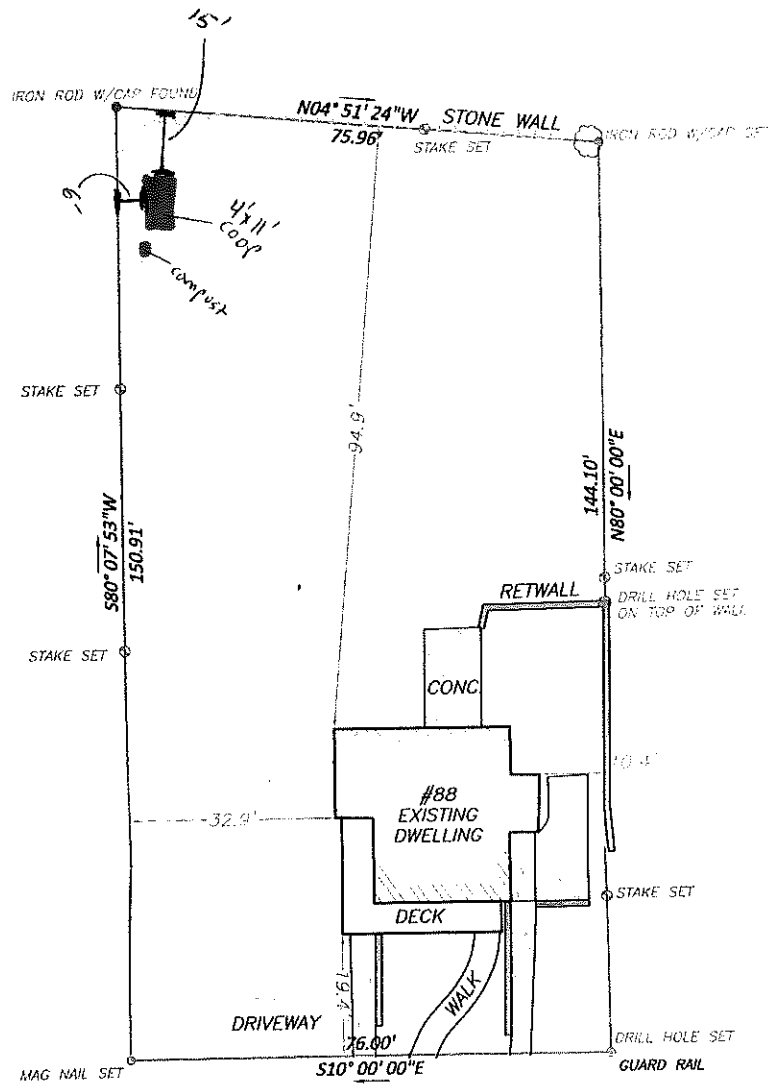
nesting
boxes

door to
access
run for
cleaning,
feeding, etc.

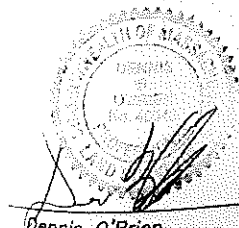
food container +
cleaning
supply
storage

small doors providing
access to run under
henhouse

doors to
access henhouse
for cleaning



WESTMINSTER AVE



Dennis O'Brien

P.L.S.

D. O'BRIEN
LAND SURVEYING
 480 WEST CENTRAL ST.
 FRAMINGHAM, MA 02038 508-541-0048

CERTIFIED PLOT PLAN
 88 WESTMINSTER AVE
 ARLINGTON, MA MIDDLESEX COUNTY

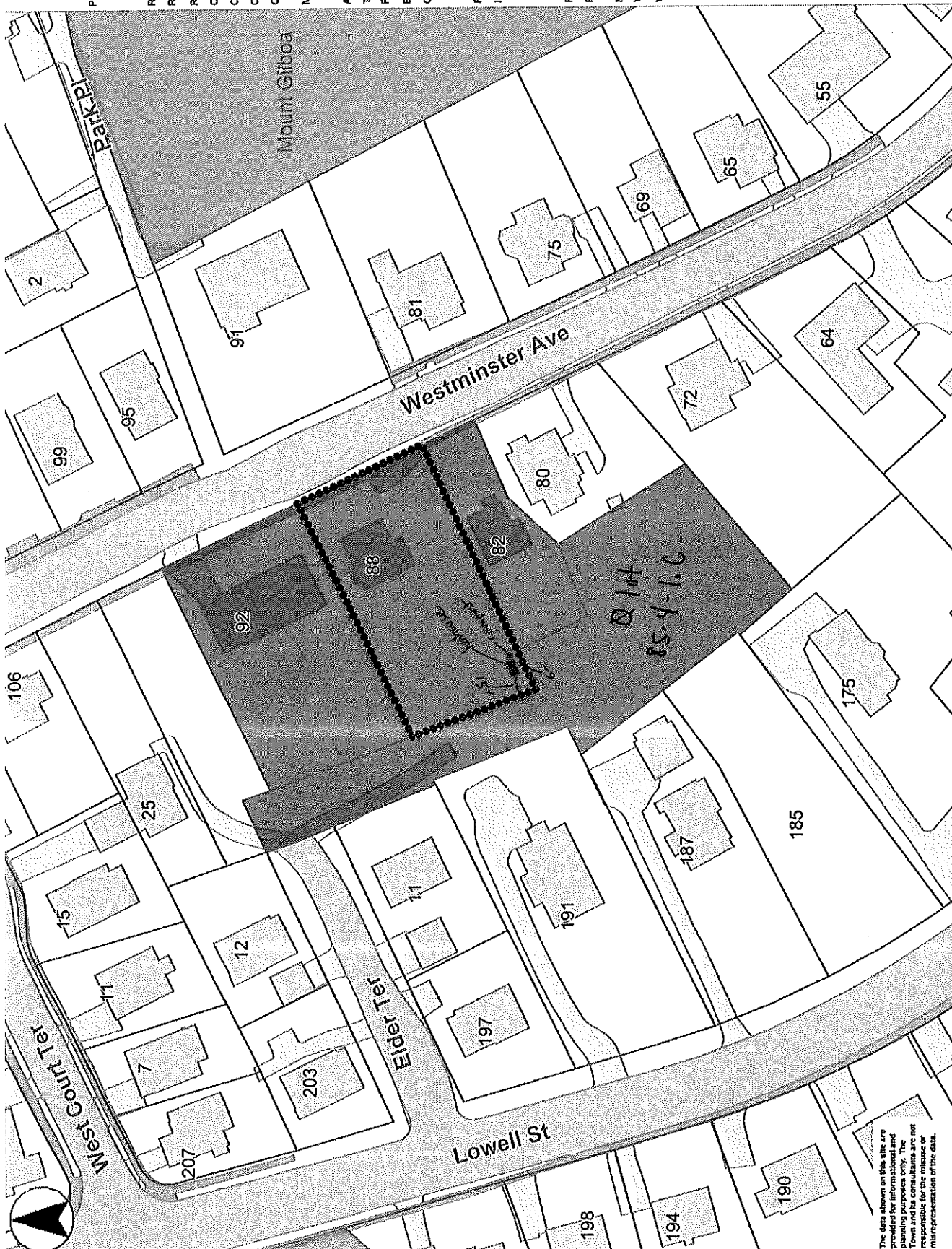
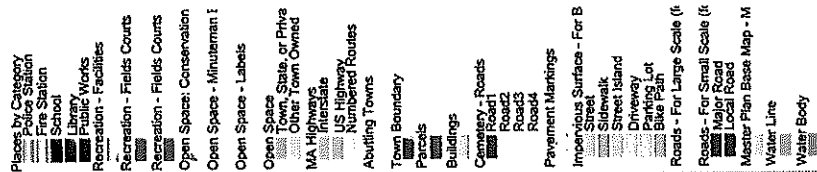
SCALE:
1:20'

DATE:
11/27/2019

REVISED:
2/14/2020

DRAWN BY:
A.R.M.

CHECKED BY:
D.O.



The data shown on this site are provided for informational and planning purposes only. The Town and its consultants are not responsible for the misuse or misrepresentation of the data.

Printed on 04/07/2021 at 08:53 AM



Office of the Board of Assessors
Robbins Memorial Town Hall
Arlington, MA 02476
(781) 316-3050
Assessors@town.arlington.ma.us

Abutters List

Date: April 07, 2021

Subject Property Address: 88 WESTMINSTER AVE Arlington, MA
Subject Property ID: 85-4-2

Search Distance: Direct Abutters-Keeping of Hens

The Board of Assessors certifies the names and addresses of requested parties in interest, all abutters to a single parcel who are direct abutters.

Kenneth L. Feeley
Robert E. Greeley
[Signature]

Board of Assessors

Abutters List

Date: April 07, 2021

Subject Property Address: 88 WESTMINSTER AVE Arlington, MA

Subject Property ID: 85-4-2

Search Distance: 0 Feet (Direct Abutters)

Prop ID: 85-4-1.B

Prop Location: 82 WESTMINSTER AVE Arlington, MA

Owner: IVERS LOUISE RUMA / ESTATE

Co-Owner: IVERS RICHARD ANTHONY

Mailing Address:

C/O ELISABETH IVERS

75 PROSPECT PARK SW APT C1

BROOKLYN, NY 11215

Prop ID: 85-4-1.C

Prop Location: 0-LOT WESTMINSTER AVE Arlington, MA

Owner: IVERS LOUISE RUMA / ESTATE

Co-Owner: IVERS RICHARD ANTHONY

Mailing Address:

C/O ELISABETH IVERS

75 PROSPECT PARK SW APT C1

BROOKLYN, NY 11215

Prop ID: 85-4-2

Prop Location: 88 WESTMINSTER AVE Arlington, MA

Owner: ROWELL CHRISTOPHER

Co-Owner: ROWELL ALEXANDRA BOYLE

Mailing Address:

88 WESTMINSTER AVE

ARLINGTON, MA 02474

Prop ID: 85-4-4

Prop Location: 92 WESTMINSTER AVE Arlington, MA

Owner: LEVERONI ANDREW M--ETAL

Co-Owner: LEVERONI KATHLEEN M

Mailing Address:

92 WESTMINSTER AVE

ARLINGTON, MA 02474



LEXINGTON
1661 MASSACHUSETTS AVE
LEXINGTON, MA 02420-9968
(800)275-8777

09/25/2021 01:26 PM
Product Qty Unit Price Price

First-Class Mail® 1 \$0.58
Letter

Arlington, MA 02474
Weight: 0 lb 0.50 oz
Estimated Delivery Date
Tue 09/28/2021

Certified Mail® \$3.75
Tracking #: 70201290000222654150

Return Receipt \$3.05
Tracking #: 9590 9402 6777 1074 4747 47

Total \$7.38

First-Class Mail® 1 \$0.58
Letter

Brooklyn, NY 11215
Weight: 0 lb 0.50 oz
Estimated Delivery Date
Tue 09/28/2021

Certified Mail® \$3.75
Tracking #: 70201290000222654136

Return Receipt \$3.05
Tracking #: 9590 9402 6777 1074 4747 30

Total \$7.38

First-Class Mail® 1 \$0.58
Letter

Arlington, MA 02474
Weight: 0 lb 0.50 oz
Estimated Delivery Date
Tue 09/28/2021

Certified Mail® \$3.75
Tracking #: 70201290000222680272

Return Receipt \$3.05
Tracking #: 9590 9402 6777 1074 4747 54

Total \$7.38

Grand Total: \$22.14

Credit Card Remitted \$22.14

Card Name: MasterCard
Account #: XXXXXXXXXX3485

Approval #: 099061
Transaction #: 822

AID: A000000041010 Chip

AL: MASTERCARD
PIN: Not Required

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Brooklyn, NY 11215

Certified Mail Fee \$3.75
Extra Services & Fees (check box, add fee)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.58

Total Postage and Fees \$7.38

0173 07

Postmark Here

09/25/2021

Send To
Elisabeth Iwers
75 Prospect Park SW Apt C-1
Brooklyn, NY 11215
PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Arlington, MA 02474

Certified Mail Fee \$3.75
Extra Services & Fees (check box, add fee)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.58

Total Postage and Fees \$7.38

0173 07

Postmark Here

09/25/2021

Send To
Kathleen Leveroni + Family
92 Westminster Ave
Arlington, MA 02474
PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Arlington, MA 02474

Certified Mail Fee \$3.75
Extra Services & Fees (check box, add fee)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.58

Total Postage and Fees \$7.38

0173 07

Postmark Here

09/25/2021

Send To
Elisabeth Iwers
82 Westminster Ave
Arlington, MA 02474
PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

September 24, 2021

Dear Neighbor,

I am writing to let you know that we are planning to install a small henhouse and enclosure for keeping several hens in the back of our yard. The area will be setback from the property lines, away from any neighboring structures, no roosters will be kept, and I have a thorough maintenance and sanitation plan for the area.

There is a Board of Health hearing scheduled to review our application for this at 2pm on October 13, 2021. Per Arlington regulations, I am required to notify all abutters of this meeting via certified mail. If you have any questions, please feel free to reach out to me anytime by phone or email, listed below.

We hope to be sharing some fresh eggs with you soon!

Warm Regards,

Alexandra Rowell
alexandra.b.boyle@gmail.com
617-733-8507

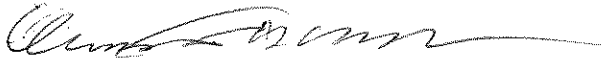
August 15, 2021

Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street Arlington, MA 02476

To Whom It May Concern:

I, Christopher Rowell, share ownership of the property at 88 Westminster Avenue, with my wife Alexandra Rowell. I am aware of her intention to keep hens on our property and grant her my permission to do so.

Thank you,

A handwritten signature in black ink, appearing to read 'Christopher Rowell', with a long horizontal flourish extending to the right.

Christopher Rowell



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

To: Board of Health Members
From: Ashley Jean, Health Compliance Officer
Date: October 7, 2021
RE: Sushi Kappo Toraya Sushi (795 Massachusetts Ave) –Variance Request

Sushi Kappo Toraya Sushi has applied for a variance in accordance with Food Code 3-502.11. The establishment intends to use acidification, through the use of a vinegar solution, to render cooked rice a non-time/temperature control for safety (non-TCS) food. The variance request was accompanied by the required Hazard Analysis and Critical Control Points (HACCP) plan, which follows for your review. A rice sample has been validated by a local food testing laboratory with a pH of 3.86, less than the target of 4.1.



PO Box 180446 Boston MA 02118 Phone: (617) 445-1647 Fax: (617) 427-7890

HACCP Plan for Acidification of Sushi Rice

Sushi Kappo Toraya Sushi

**795 Mass Ave
Arlington, MA 02476**

Prepared by
Eileen Hicks, CP-FS
Berger Food Safety Consulting

October 2021

www.servingsafefood.com

HACCP for Acidification of Sushi Rice

I. Overview

II. Standard Operating Procedures (Operational Procedures)

- A. Receipt of Materials
- B. Processing
- C. Storage Procedures
- D. pH Testing Procedures
- E. Labeling

III. HACCP Plan Summary Table

IV. Flow Diagram

V. Documentation

- A. Employee Personal Hygiene Statement
- B. Corrective Action Plan
- C. Training and PIC Certification Records
- D. HACCP Recipe
- E. pH reports from certified laboratory
- F. Instruction manual for pH meter
- G. Fish List Summary
- H. Parasite Destruction for Sushi Fish
- I. Sushi Menu
- J. Glossary

VII. Verification Records

- A. Daily pH test results
- B. Annual pH test results from certified food laboratory
- C. Corrective Action Logs

HACCP for Acidification of Sushi Rice

Overview

A. *Description of Product:*

Rice for sushi that is to be held at room temperature.

B. *Methods for pH Control – acidification:*

Vinegar mixture added to cooked rice for acidification. (See Recipe).

C. *Operational Procedures*

1. Follow recipe. (See Recipe).

2. *Description of Designated Area and Equipment:*

Sushi rice cooked in the Panasonic Electric Rice Cooker and mixed with Rice Vinegar mixture in the kitchen. Rice is then kept covered in the Zojirushi warmer for up to four hours.

3. *Cleaning and Sanitizing Procedures:*

All food contact surface and utensils will be properly cleaned, rinsed and sanitized prior to and after use. The three-bay sink will be set up properly and utilized. Chlorine sanitizer is used in the three-bay sink and will be mixed to the proper concentration as indicated by the manufacturer and concentration will be verified by the use of a sanitizing test kit. (Chlorine normal concentration 50-100ppm)

4. *Verification Procedures;*

Recipe will be verified annually by certified food laboratory (report enclosed) and will be verified on an annual basis. Laboratory test results from food laboratory shall be maintained on file for one year.

HACCP Team:

Eileen Hicks, CP-FS

Berger Food Safety Consulting

Shinji Muraki, Sushi Chef

HACCP for Acidification of Sushi Rice

Standard Operating Procedures (Operational Procedures)

A. Receipt of Materials

All products are inspected immediately in the receiving area and placed in the dry storage area or under refrigeration at 41 degrees Fahrenheit or below. Package integrity, pack dates, and appearance/condition are monitored. All products that are to be rejected/returned are clearly identified and separated from acceptable products.

B. Processing

Before processing, all food contact surfaces, equipment and utensils are cleaned, rinsed, and sanitized. Only approved food-grade equipment will be used in contact with foods. Sushi rice is prepared according to the recipe (see Recipe). *Any changes to the recipe or plan will be submitted to the health department.* After rice is done and cooled, the sushi chef will test the pH levels. Sushi rolls are assembled according to recipe.

C. Storage Procedures

Rice is kept covered in the Zojirushi rice warmer for up to 4 hours and discarded after 4 hours.

D. pH testing procedures with pH Meter

1. Calibrate the pH meter according to the Instruction Manual for the pH meter. Verify that buffer solution used for calibration is within expiration date. (See enclosed instructions)
2. Mix rice thoroughly according to the recipe with Mizkan Vinegar solution.
3. Obtain teaspoonful size samples of rice from four different corners and center of container and place in a 4 ounce cup.
4. Pour distilled water just to cover the rice. Crush the rice thoroughly with back of spoon.
5. Dip tip of pH meter into the solution. Stir once and wait until the reading on the screen stabilizes. Reading must be below 4.3. Target pH is 4.1.
6. Record the pH reading on the log.
7. Every batch of rice must be tested for proper pH before rice can be used.
8. Logs will be maintained on file for 6 months.

HACCP for Acidification of Sushi Rice

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HACCP for Acidification of Sushi Rice

pH Testing procedures with pH paper (To be used as a back-up method)

pHydion Microfine 2.8-4.6 will be used for the testing of the rice. Test kit has been provided to the establishment and additional supply can be purchased from:

Micro Essential Laboratory,
4224 Avenue H
Brooklyn, NY 11210
718-692-4491

1. Mix rice thoroughly. Place equal parts of acidified rice (2 ounces) into a clean bowl. Add equal amounts of distilled water (2 ounces) to cover the rice. Mash the grains of rice with clean spoon. Dip pH test paper into the solution. Leave paper submerged in rice slurry for 3-5 seconds. Record the pH reading on the log. If the pH is in-between two colors on the chart, the range should be recorded (ex. 4.0-4.3).
2. Every batch of rice must be tested for proper pH before rice can be used. Logs will be maintained on file for 30 days.

E. Labeling Procedures

Menus will be labeled according to MA regulations with proper consumer and allergy advisories for all sushi containing raw fish.

The consumer advisory will have the proper disclaimer statement followed by the advisory that will read:

"Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of a foodborne illness."

The Allergen Awareness Statement will read:

"Before placing your order, please inform your server if a person in your party has a food allergy."

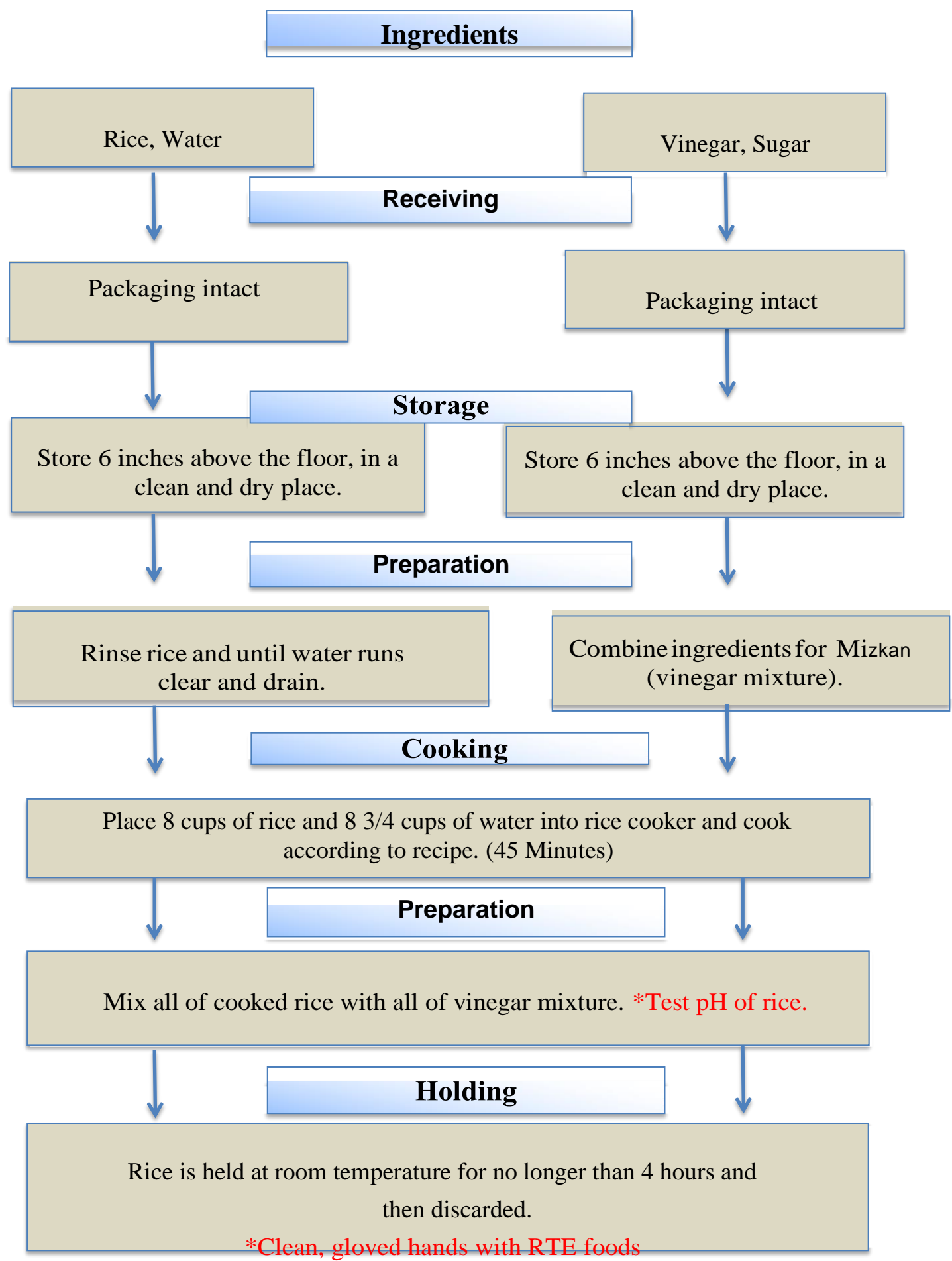
HACCP PLAN SUMMARY FOR ACIDIFICATION OF SUSHI RICE

Process Step	C C P	Biological Hazards	Critical Limits	Monitoring Procedures: Persons Responsible	Corrective Action	Verification: Person Responsible	Records
Receiving	N	Minimal	No contaminants, quality acceptable, TCS foods received at 41° F or lower, frozen food received frozen solid	Visual: Any	Reject if contaminated, or otherwise unacceptable	Visual: KM, GM	Documented on invoice
Storage	N	Bacterial	TCS foods stored at 41° F or lower. Frozen fish received frozen solid. Store 6 “off the floor and in a manner to prevent cross-contamination	Daily ambient temperature checks for all cold holding units: PIC or designated employee	If units are not maintaining 41° F or lower, foods will be transferred to another refrigeration unit and unit will be serviced. If products have been > 41° F for longer than 4 hours or time is unknown they will be discarded	Visual: KM, GM	Refrigeration Logs Corrective Action Log when necessary

Preparation/Cooking	N	Bacterial	Prepare vinegar and cook rice according to HACCP recipe. Add vinegar mixture to cooked rice following instructions in the HACCP recipe for proper acidification	Visual: KM, HACCP Coordinator, PIC	If rice and vinegar mixture is not prepared according to HACCP recipe, it will be discarded and the process will be started over under manager supervision	Visual: KM, GM	Corrective Action Log when necessary
Processing – Acidification	Y	Bacteria, Bacillus cereus, other spore-forming bacteria	<i>Target</i> pH level/critical limit for rice is 4.1 if tested within one hour. Critical Limit is 4.3 when tested between 1 and 2 hours of preparation. Critical limit is <4.6 after 2 hours of preparation	Each Batch to be tested by the KM or manager and recorded on the daily pH log. Sushi rice to be tested by a certified food laboratory annually	If greater than 4.3 (upon initial testing/within 2 hours of preparation), add more vinegar mixture to rice (8ounces at a time), retest pH levels until mixture is at or below 4.3. If pH is > 4.6 after 2 hours of preparation / mixing, discard rice. In, addition, the manager will review the recipe with sushi chefs to	GM and KM will review and initialize logs daily. Rice to be tested by a certified food laboratory annually and lab results are to be kept on file for review by the local health department for at least one year	Every batch of sushi Rice will be tested and recorded on daily pH Log. Daily pH log will be kept on file for 30 days. pH testing reports from laboratory will be filed in binder for at least one year. Corrective Action Log when necessary

					correct any discrepancies between the recipe and actual process. Manager will also verify that pH meter is working properly and/or the test strips are not damaged		
Cleaning and Sanitizing	N	Bacterial	All equipment and utensils cleaned and sanitized before and after every use, every four hours if in continue use and at end of shift/event	Visual: KM, GM	Clean and sanitize soiled equipment	Visual: KM, GM	None
Hygienic practices	Y	Bacterial and viral hazards from employee handling of product	Clean, gloved hands	Visual: KM, GM	Discard any RTE food handled with bare hands, Review hand-washing methods	Visual: KM, GM	None

Sushi Rice Flow Chart



***Identifies a critical control point.**

Food Employee Reporting Agreement

The purpose of this agreement is to inform conditional employees or Food Employees of their responsibility to notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE any onset of the following symptoms, either while at work or outside of work, including the date of onset:

SYMPTOMS

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever (Or any combination of fever, coughing and shortness of breath)
5. Infected cuts, wounds or lesions containing pus on the hand, wrist, or an exposed body part or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small*)

MEDICAL DIAGNOSIS of BEING ILL WITH:

Whenever diagnosed as being ill with Norovirus, shiga toxin-producing *E. coli*, *Salmonella* Typhi (typhoid fever), *Shigella spp.*, non-typhoidal *Salmonella*, and Hepatitis A, as well as other diseases that may be transmitted through food per 105 CMR 300.000.

PAST MEDICAL DIAGNOSIS OF DISEASES LISTED ABOVE:

Have you ever been diagnosed as being ill with one of the diseases listed above? _____
If you have, what was the date of the diagnosis?

HIGH-RISK CONDITIONS

1. Exposure to or suspicion of causing any confirmed outbreak of the diseases listed above.
2. A household member has been diagnosed with the diseases listed above
3. A household member attending or working in a setting experiencing a confirmed outbreak of the diseases listed above.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under **105 CMR 590/2013 Food Code** and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Applicant or Food Employee Name (please print) _____

Signature of Applicant or Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____



HACCP for Acidification of Sushi Rice

Corrective Action Plan

If greater than 4.3 (within 1-2 hours of testing), add six ounces of Mizkan vinegar and retest pH levels. If >4.6 after 2 hours of preparation/mixing, discard rice.

If pH levels are consistently elevated, recipe will be modified and pH levels will be re-evaluated at a certified food laboratory.

The sushi chef will verify proper use of the pH meter as well. In addition, the general manager will review recipe with sushi chefs to correct any discrepancies between recipe and actual process.

Manager will also calibrate pH meter, if not calibrated, pH meter will be repaired or replaced and sushi chef will use pH test strips until have working pH meter.

ServSafe® CERTIFICATION SHINJI MURAKI

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)—Conference for Food Protection (CFP).

17904501

CERTIFICATE NUMBER

5/20/2019

DATE OF EXAMINATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

5413

EXAM FORM NUMBER

5/20/2024

DATE OF EXPIRATION



#0655

A handwritten signature in blue ink that reads "Sherman Brown".

Sherman Brown
Executive Vice President, National Restaurant Association Solutions



CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: SHINJI MURAKI

Certificate Number: 4911428

Date of Completion: 2/1/2021

Date of Expiration: 2/1/2026



*The above-named person is hereby issued this certificate
for completing an allergen awareness training program
recognized by the Massachusetts Department of Public Health
in accordance with 105 CMR 590.009(G)(3)(a).*

This certificate will be valid for five (5) years from date of completion.

Issued By:



Massachusetts Restaurant Association
333 Turnpike Road, Suite 102
Southborough, MA 01772
508-303-9905
www.massrestaurantassoc.org


NATIONAL
RESTAURANT
ASSOCIATION®
800.765.2122
www.restaurant.org

Employee Training

1. The GM/KM will be trained in the proper use of the pH meter and pH paper.
2. The GM/KM will be trained in how to properly use the pH log.
3. The GM/KM will be trained in proper preparation of the sushi rice recipe with emphasis on the precise and consistent measurement of the ingredients.
4. See Employee Personal Hygiene Statement and Food Safety Training Part I, II, and III for other training.
5. All employees will be trained in proper cleaning and sanitizing of equipment, utensils and the physical facilities by the GM/KM.
6. All employees will be trained in the proper procedures for preventing cross-contamination in the kitchen. See: Training to Prevent Cross-Contamination.
7. Any new employees involved in the preparation of sushi will be trained by the GM/KM.
8. There will be a certified PIC to oversee the sushi production at all times of operation.

Training to Prevent Cross-Contamination

1. All food contact surfaces including all knives, cutting boards and utensils will be cleaned and sanitized before use, at least every four hours when in continuous use and after any interruption in the processing. Separate mats will be used for raw and RTE sushi rolls.
2. Cross-contamination between assembly of raw and RTE sushi rolls will be prevented by either the use of color coded cutting boards or physical separation of cutting boards and utensils to be used with products.
3. All raw fish to be used will be stored below all RTE foods in low profile refrigerator.
4. Employees will wash hands and change gloves between handling sushi rolls containing raw fish and those that do not.

PIC Signature Page

I have read and understand HACCP plan for sushi rice and pH testing and will monitor and verify that the above is being followed by me and those employees involved. This policy will be reviewed (and modified if necessary) and employees will be re-trained on an annual basis.

Signature

Date

Print Name

Annual Policy Review

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Sushi Rice Recipe

Vinegar Mixture(Sushi Sauce):

1.25 cups Mizkan(Suehiro) grain flavored distilled vinegar , 4.2% acidity
6 ounces of Sugar
2 ounces of Salt

Rice: (Yields approximately 24 cups of cooked sushi rice)
8 cups of Sekka(US No. 1Extra fancy premium grade) rice
8 3/4 cups of water

Pre-Preparation:

- Assemble all ingredients and equipment.
- Combine all ingredients for vinegar mixture.
- Wash rice and drain in cold water until the water runs clear.

Rice Preparation:

1. Place strained rice into the rice cooker and pour 8 3/4 cups of water over rice. Cover and cook in rice cooker for 45 minutes.
2. Wash hands, don gloves
3. Remove cooked rice after 10 minutes from the rice cooker and transfer to the Hangiri-A, flat bottom wooden tub, spread evenly. Mix with the Sushi Sauce vinegar mixture gently while fanning.

Test for pH levels.

Target pH	Time of testing
4.1	Initial Testing (within 1 hour of mixing)
4.3	Between 1-2 hours of mixing
<4.6 (<4.3 if using pH paper) *Critical Limit	After 2 hours of mixing

4. Rice is kept in covered Zojirushi Warmer for up to 4 hours and discarded after 4 hours.

Sushi Roll Preparation:

- Wash hands
- Wrap bamboo mat with plastic wrap
- Put on gloves
- Put sushi rice on seaweed, place ingredients, and roll.
- Cut the sushi
- Keep raw and cooked sushi products separate.
- Change gloves and wash hands between handling raw and cooked sushi products
- Wipe all surfaces with 50-100 ppm chlorine sanitizing solution
- Change the plastic wrap a maximum of every two hours or sooner if punctured or deteriorated.



Client: Sushi Kappo Toraya Restaurant
795 Massachusetts Avenue
Arlington, MA 02476

Client Contact: Shinji Muraki

Sample Description: Sushi Rice from Toraya Restaurant

Date Sampled: 10/4/2021
Date Received: 10/4/2021
Date Analyzed: 10/4/2021

Sampler: S. Muraki
Courier: S. Muraki
Analyst: G. Cona

Sample Description:

pH:

Sushi Rice 10/4/2021

3.86

To the best of my knowledge, the information contained in this report is a true and accurate statement.

Authorized By: John E. Morrell 10/4/2021
John E. Morrell, PhD, REHS/RS, CHO, Laboratory Director / Date

Meter Slope: 97.7 (4.00, 7.03, 10.05)

Instruction Manual

Cat.No. 4320

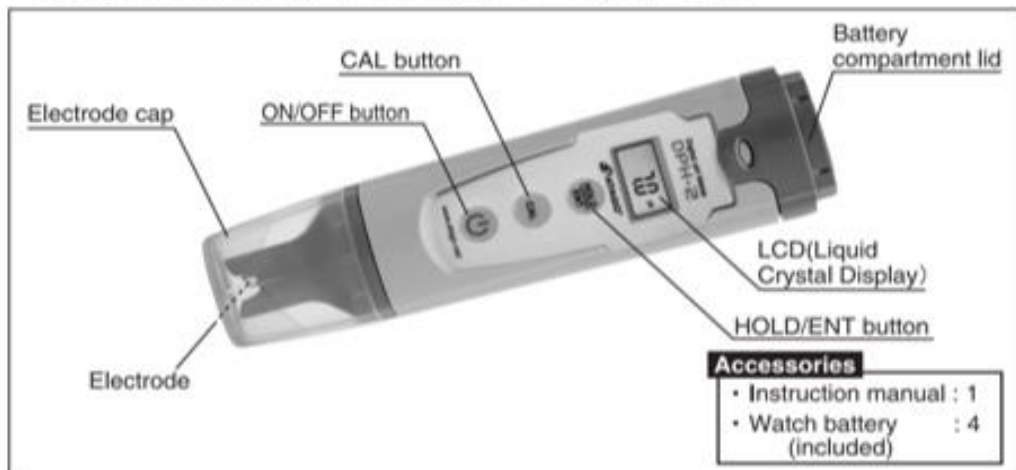
Digital pH Meter

DPH-2

⚠ Caution

- Before using the DPH-2, read this instruction manual and fully understand the function and operation of each part.
- Perform the necessary operations according to this instruction manual.
- When carrying the unit, be careful not to subject the instrument to any strong shock or impact. Do not drop the instrument.
- ATAGO shall not be held responsible for any or all damages that may result from using the instrument for those other than its intended purpose (measurement of pH level of a liquid sample).
- If use of this unit has undesired effects on the consumption of the measured materials, etc., ATAGO shall not be liable for the result.

1. Names of Functions and Components



2. Before First Use

- The most common cause for irregular measurement values is a dry electrode. If the electrode of the DPH-2 is new or has not been used for a few days, submerge the electrode in tap water for 15-30 minutes before use. Keep the unit turned off while submerged, and never soak it in deionized water.
- Electrolytes may form as white crystals around the sensor or inside the electrode cap. This is normal and does not affect the unit's performance.

3. Measuring a Sample

⚠ Caution

Use tap water when cleaning the electrode.
Do not use deionized water.
Never use alcohol to clean the electrode.
Alcohol will damage the electrode.

- ① Remove the electrode cap and press the ON/OFF button on the keypad to turn on the DPH-2.
- ② Dip the electrode about 2-3cm into the sample solution (Fig. 3-1).
- ③ The measured value will be displayed. Stir the sample to stabilize the readings (about 2 minutes). Press the HOLD/ENT button to hold the reading. In this hold mode, [HO] will display and "pH" will flash to the right of the measurement value (Fig. 3-2). Press the HOLD/ENT button again to resume the normal measuring mode.
- ④ Rinse the electrode with tap water for the next measurement (Fig. 3-3).
- ⑤ When measurements are completed, press the ON/OFF button to turn off the instrument. If not used, the instrument will automatically shut off in 7 minutes to conserve batteries.
- ⑥ When measuring is complete, clean the electrode with tap water and dry before replacing the electrode cap to store the instrument.

Fig. 3-1

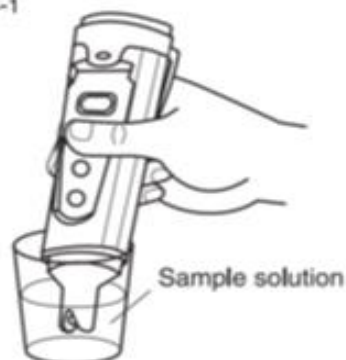


Fig. 3-2

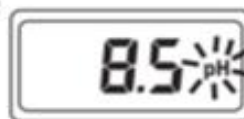


Fig. 3-3



4. Error Messages

bAt

Old batteries → Replace with new batteries.

Err

Wrong or bad buffer value → Make sure the buffer is correct.
The sensor is failing → Check the sensor.

Or

Ur

Out-of-range signal → Make sure the measured sample is within the measuring range.
The electrode is not in contact with the sample solution → Make sure the electrode is in contact with the sample solution.

■ 5. Calibration

⚠ Caution

Use tap water when cleaning the electrode. Do not use deionized water. Never use alcohol to clean the electrode. Alcohol will damage the electrode.

- Perform calibration when the instrument has not been used for a long period of time (as instructed below). If the measured value is questionable, calibrate the instrument.
- Perform a 3 point calibration (pH 4.0, pH 7.0, pH 10.0). However, in the case where the measured value of the sample is over pH 7.1, use pH 7.0 and pH 10.0 for calibration points. In the case where the measured value of the sample is under pH 7.0, pH 4.0 and pH 7.0 calibration is sufficient.

How to calibrate

- ① Remove the electrode cap and press the ON/OFF button on the keypad to turn on the DPH-2.
- ② Dip the electrode about 2-3cm into the pH 7.0 buffer solution (Fig. 5-1).
- ③ The display will show near 7.0. Wait approximately 2 minutes.
- ④ Press the CAL button. [CAL] will flash momentarily and then show a flashing measured value (near 7.0) (Fig. 5-2). [ENT] will automatically display 15-30 seconds after the flashing starts. Once the calibration value is displayed, the calibration process is complete.
- ⑤ Be sure to clean the electrode with tap water for the next calibration test (Fig. 3-3). Be sure to wipe off the electrode.
- ⑥ Follow these instructions when it is needed to calibrate with other pH buffers.

Fig. 5-1



Fig. 5-2



※To abort calibration (step④), press the CAL button while either [CAL] or the measurement value is flashing.

※Calibration can also be performed by pressing the HOLD/ENT button to display [ENT]. Once the calibration value is displayed, the calibration process is complete.

■ 6. Battery Replacement

- ① Lift the locking clip on the front side of the battery compartment lid towards you until it is free. Next, lift the clip on the back side in the same way to remove the lid completely (Fig. 6-1).
- ② As shown in Fig. 6-2, four watch batteries are included with the unit at the time of purchase.
- ③ When replacing new batteries, insert them in the same manner as shown in Fig. 6-2.
- ④ Replace the battery compartment lid, making sure the locking clips are secured.

Fig. 6-1

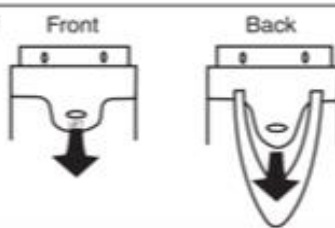
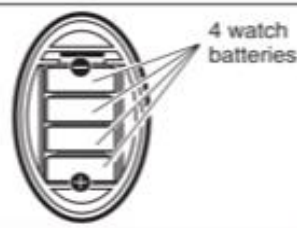


Fig. 6-2



■ 7. Advice in Use

- (1) The measurement value may vary slightly, especially when measuring solutions with values near pH7.0. If the measurement value is different from the expected value, submerge the unit in the solution for a few minutes and take a measurement once the reading is stable. Generally the recommendation is to take a measurement after submerging the unit in a solution for 2 minutes.
- (2) When measuring samples such as strong acids and high alkaline, take a quick measurement and rinse off any remaining sample with distilled water.
- (3) To restore to factory default settings, perform the following steps. Carry out these steps if an error has been made in calibration.
 - ① Hold ON/OFF button down while pressing HOLD/ENT button.
 - ② Once [rSt] is displayed and starts flashing, press HOLD/ENT button again. This will restore the factory default settings. To abort resetting, press CAL button while [rSt] is flashing, and then [ESC] will be displayed.
- (4) For accurate measurements, performing calibration with buffer solutions is recommended. Use pH4.0, 7.0, and 10.0 buffer solutions for DPH-2. Other buffer solutions, such as pH6.9, 7.1, or 9.2, cannot be used. Perform calibration approximately once every two to four weeks, and after changing the batteries.

■ 8. DPH-2 Specifications

Measurement range : 0.0 to 14.0pH
Minimum indication : 0.1pH
Measurement accuracy : ± 0.1 pH
Temperature correction range: 0 to 50 °C (Automatic Temperature Compensation)
Calibration : 3-point (4.0, 7.0 and 10.0)
Power supply : watch battery (LR44) 1.5V \times 4
Dimensions and weight : 4.5 \times 3.0 \times 16.3cm, 90g



Tel.: **(+34) 902 11 79 29**

Web: **www.infoagro.com/instrumental**

Sushi Fish List for Toraya

<u>Seafood Item</u>	<u>Purveyor</u>	<u>How Received (Fresh/Frozen)</u>	<u>Parasite Hazard</u>
Striped bass	TrueWorld Foods	Fresh	No, farm raised
Tile Fish	TrueWorld Foods	Fresh	No
Tuna	TrueWorld Foods	Fresh	No
Yellowtail	New England Mutual	Frozen	No
Salmon	TrueWorld Foods	Fresh	No, farm raised
Squid	TrueWorld Foods	Frozen	No
Salmon Roe	TrueWorld Foods	Frozen	No, farm raised
Sea Urchin	TrueWorld Foods	Fresh	No
Smoked salmon	TrueWorld Foods	Frozen	No, farm raised

**Reference: U.S. Food & Drug Administration
Center for Food Safety & Applied Nutrition
FISH AND FISHERIES PRODUCTS
HAZARDS AND CONTROLS GUIDANCE:
Fourth Edition April 2011**



The Control of Parasites

August 18, 2021

TORAYA
795 MASS AVE
ARLINGTON, MA 02476

The FDA states that parasites consumed in uncooked or undercooked seafood can present a human health hazard. It is recommended to control this hazard by freezing fish at -4 degrees Fahrenheit or below for 7 days or at -31 degrees Fahrenheit or below for 15 hours to kill the parasites. We certify that the frozen fish we provide you have been frozen according to these requirements.

The FDA recognizes that not every type of raw fish poses a parasite hazard. A table of species and associated hazards is published in the FDA's Fish and Fisheries Products Hazards & Control Guide. The species, which are commonly used in sushi and which do not pose a parasite hazard are the bluefin, yellowfin, and bigeye tunas, yellowtail, tilefish, various other fish species, and most types of farm-raised fish (that are fed formulated feed). We carry a variety of farm-raised fish, which includes salmon, hybrid bass, halibut, turbot, bronzini, dorade, and Korean hiramé (flake). We certify that the aqua-cultured fish we provide you are raised in open ocean water net pens or land based operations. If raised in land based freshwater bodies, controls exist to exclude parasites, particularly those that may enter through the skin such as trematodes. We also certify that the fish feed used is either frozen or heat-treated and does not contain live parasites.

Sincerely,
Tamotsu Yonetani
Quality Assurance

Gerry Lutz (QA Manager)

22 Foodmart Road, Boston, MA 02118,
Phone (617) 269-9988; Fax 617-269-8342
Email: david-st@trueworldfoods.com



NEW ENGLAND MUTUAL TRADING INC.
460 Totten Pond Rd, Unit 220
Waltham, MA 02451
(617)-469-8312

09/1/2021

SUSHI KAPPO TORAYA
795 MASSACHUSETTS AVE
ARLINGTON, MA 02476

CERTIFICATE OF HACCP COMPLIANCE

All the food products handled by New York Mutual Trading are handled in adherence to the Code of Federal Regulations "CFR" title 21, part 123, "Procedures for the Safe and Sanitary Processing and Importing of Fish and Fishery Products," commonly referred to as the Hazard Analysis Critical Control Point (HACCP) regulations established by the Food and Drug Administration (FDA).

Personnel with appropriate training in HACCP principles have implemented safe handling practices and sanitary conditions using the Good Manufacturing Practices (GMP) program.

All our suppliers of frozen seafood products are in compliance with the HACCP. The frozen seafood products have been preserved in a freezer at the temperature of -20C(-4F) for more than seven days, a hundred sixty-eight hours in total at the vendor's processing plant prior to New York Mutual Trading's receipt.

Please feel free to call the above number if any further information is required.

Sincerely,

Takashi Nakaarai
Purchasing Senior Manager



NYMTC is GDP, GMP, & HACCP Certified

HACCP for Acidification of Sushi Rice

Glossary

CCP: Critical Control Point

GM: General Manager

HACCP: Hazard Analysis Critical Control Point

KM: Kitchen Manager

PIC: Person in Charge

RTE: Ready-To-Eat

TCS: Time/Temperature Control for Safety Foods

Daily pH Test Results

Sushi Rice pH Levels

Start Date: _____ **End Date:** _____

[illegible]

pH levels must be below 4.6

Annual pH Test Results/HACCP Review

HACCP for Acidification of Sushi Rice



Client: Sushi Kappo Toraya Restaurant
795 Massachusetts Avenue
Arlington, MA 02476

Client Contact: Shinji Muraki

Sample Description: Sushi Rice from Toraya Restaurant

Date Sampled: 10/4/2021
Date Received: 10/4/2021
Date Analyzed: 10/4/2021

Sampler: S. Muraki
Courier: S. Muraki
Analyst: G. Cona

Sample Description:

pH:

Sushi Rice 10/4/2021

3.86

To the best of my knowledge, the information contained in this report is a true and accurate statement.

Authorized By: John E. Morrell 10/4/2021
John E. Morrell, PhD, REHS/RS, CHO, Laboratory Director / Date

Meter Slope: 97.7 (4.00, 7.03, 10.05)

Corrective Action Logs



Corrective Action log

Immediate corrective action is required any time there is a deviation in the requirements set forth in this HACCP plan or a "Critical Limit" identified on the HACCP Plan Flow Chart is not met. Use this log to record the cause for corrective action, those responsible, the date of the incident, and the specifics of the corrective action.

Date of the corrective action		
Why was the corrective action necessary?		
What was the cause of the deviation?		
What was the corrective action and who performed the corrective action?		Name

Date of the corrective action		
Why was the corrective action necessary?		
What was the cause of the deviation?		
What was the corrective action and who performed the corrective action?		Name

Date of the corrective action		
Why was the corrective action necessary?		
What was the cause of the deviation?		
What was the corrective action and who performed the corrective action?		Name

Refrigeration Logs

Refrigerator Logs

Month of _____

Date	Time	Temperature	Notes	Employee Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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30				
31				



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Memo

To: Board of Health Members
From: Annette Curbow, Health Compliance Officer
Date: October 8, 2021
RE: Permit to Operate a Body Art Establishment – 458 Massachusetts Ave

Ismini Vocas submitted an Application for a Permit to Operate a Body Art Establishment on September 1, 2021 for Ink by Mina Tattoo Shop. The proposed location of the facility is 458 Massachusetts Ave. The permit sought is for tattoo operations. The application was reviewed in accordance with the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners. Upon initial review, it was determined that additional information was required and subsequently requested. Additional information was received on September 20, 2021. It appears the application is complete, insofar as it contains the required elements.

Included in this packet are the following materials for the Ink by Mina Tattoo Shop Establishment Application.

1. Cover Letter
2. Application Form
3. Acknowledgement of Receipt of Governing Regulations
4. Lease Intention
5. Floor Plan
6. Body Art Disclosure Statement
7. Tattoo Aftercare Instructions
8. Customer Consent Form
9. Exposure Control Plan
10. Exposure Incident Form
11. Injury and/or Complications Report Form
12. Policy on Infection Control
13. Procedures for Decontaminating and Disinfecting Environmental Surfaces
14. Emergency Response Plan

Kylee Sullivan

September 1, 2021

Health Compliance Officer

Town of Arlington

Department of Health and Human Services

Office of the Board of Health

27 Maple Street

Arlington, Ma 02476

Dear Ms. Sullivan:

I would like to thank you and all that gave me the opportunity to work in the Town of Arlington as a tattoo artist. It is greatly appreciated and thank you.

This letter is a request to be part of the Board of Health Meeting on September 13, 2021, for a Permit to Operate a Body Art Establishment

As you know, I work at InkJam Tattoo Studio 12 Park Ave Arlington as a Licensed/Permit Tattoo Practitioner Artist (subcontractor). My business name is/has been, Ink by Mina, in order to collect payments via credit/debit cards therefore had to obtain a name and business bank account. A percentage of each artwork done by me at 12 Park Ave Arlington goes to the owner for the use of space, and I pay for all my supplies. My tattoo artwork only gets advertised and posted on my own personal social medias, which I would love to change it from personal to business with the faith and help of the Town of Arlington.

My life has been all about art in many forms. Arlington is known for art, culture, and history which I love and admire. I see/consider my tattoos as a piece of art and not just a tattoo. It will be a pleasure to own my own business in the town of Arlington to show my artwork and what I have to offer.

Immediate request to be part of the Board Meeting on September 13, 2021, is because I have found a location for the shop and there is a time pending.

The unit location is at 458 Massachusetts Avenue, Arlington, MA 02474, the owner of the property is Ted Poulos.


Attached you will find:

1. Letter from Charles River Properties signed by Charles A. O'Neill
2. Application for a Permit to Operate a Body Art Establishment
3. Floor Plan to scale of establishment indicating location of all required equipment

4. Copy of Consent form to be signed by each client
5. Copy of the Establishment Exposure Control Plan
6. Copy of the Exposure report Form
7. Copy of Aftercare instructions to be given to each client.

All-in-all, I have read, and understand, and agree to follow all rules and regulations specified in The Town of Arlington Board of Health Rules and Regulations for Body Art Establishments and Body Art Practitioners. I am looking forward to your response.

Sincerely,


Ismini Vocas



(339) 223-3602



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

APPLICATION FOR A PERMIT TO OPERATE A BODY ART ESTABLISHMENT

Name of Establishment Ink by Minatattoo Shop Telephone 339 223-3602
unknown - est
Address 458 MASS AVE ARLINGTON Hours of Operation 12-8 T-F 12-5 Sun/Sat
Manager's Name ISMINI VOCAS Emergency Phone 339 2233602
Please list *all* body art practitioners who will practice at this establishment ISMINI VOCAS

Name & telephone number of laboratory that will perform monthly spore destruction tests N/A
will be using Disposable Supplies

Name and telephone number of contaminated waste disposal contractor stericycle (866)-783-7422

List the following: manufacturer, model number, model year, and serial number of autoclaves N/A

Please submit the following with this application:

- \$1000 fee made payable to the Town of Arlington
- Floor plan to scale of establishment indicating location of all required equipment
- Copy of the disclosure statement describing body art procedures to be given to all clients
- Copy of consent form to be signed by each client
- Copy of the establishment exposure control plan
- Copy of the exposure report form
- Copy of aftercare instructions to be given to each client

I received, read, understand, and agree to follow all rules and regulations specified in the Town of Arlington Board Rules and Regulations for Body Art Establishments and Practitioners.

Signature [Signature] Date 8/13/21

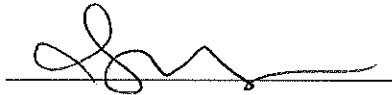
Acknowledgement of Receipt of Governing Regulations Relative to Body Art, Body Piercing, and Body Tattooing

To Whom it May Concern,

September 2, 2021

I, ISMINI VOCAS, as an applicant for Body Art Establishment and Body Art Tattoo Practice from the Town of Arlington, Board of Health, hereby confirm that I have read and understand the Arlington Board of Health Regulations relative to Body Art Establishment, Body Art, Body Piercing, and Body Tattooing.

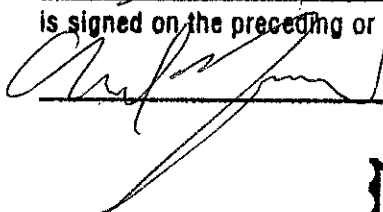
Further, I agree to adhere to all regulations regarding Body Art Establishment, Body Art, Body Piercing, and Body Tattooing. I further understand the violations of the regulations may be cause for administrative action by the Board of Health which may include, but not be limited to, the imposition of fines, and/or revocation or suspension of my permit to conduct Body Art/Work and Body Establishment in the Town of Arlington Ma.



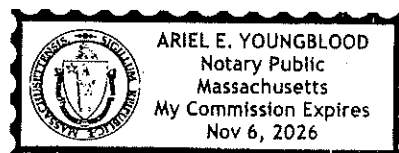
Signature of Applicant

Date: 9-2-2021

On this 2nd day of Sept, 2021, before me, the undersigned notary public, personally appeared Ismini Vocas, proved to me through satisfactory evidence of identification, which were MA DL, to be the person whose name is signed on the preceding or attached document in my presence.



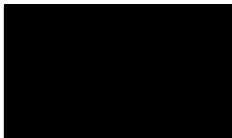
(official signature and seal of notary)





August 12, 2021

Ms. Ismini Vocas



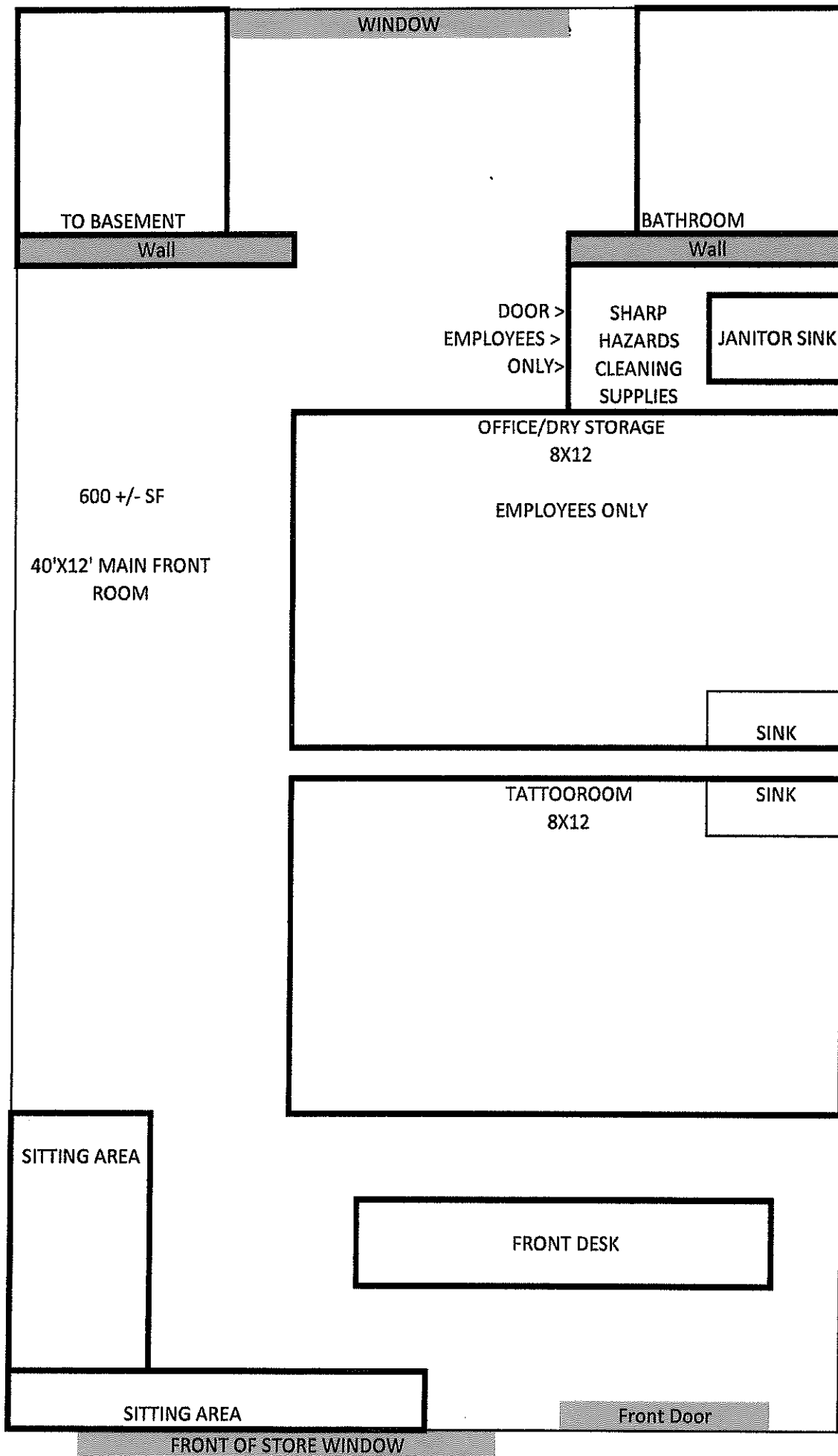
Dear Mina:

Ted Poulos has authorized me to confirm that we will consider leasing 458 Massachusetts Avenue, Arlington to you for a period of no less than three years commencing October 1, 2021, subject to execution of a lease on mutually satisfactory terms and conditions.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. O'Neill".

Charles A. O'Neill



Floor Plan

Ink by Mina Tattoo Shop

458 Massachusetts Avenue, Arlington, MA 02474 (339)223-3602

BODY ART DISCLOSURE STATEMENT

This statement is to be given to all body art clients prior to performing any body art procedures as with any invasive procedure, tattooing may involve health risks.

Tattoo Disclosure Statement

These risks may include the to the following:

1. Pain, bleeding, swelling, infection, scarring of the area and nerve damage.
2. Unsterile equipment and needles can spread infectious diseases. It is extremely important to be sure that all equipment is clean and sanitary before use.
3. Tattoos and permanent makeup are not easily removed and, in some cases, may cause permanent discoloration. Also, everyone's skin is different in color, elasticity, and so on therefore: your tattoo may not look like what you have expected. Think carefully before getting a tattoo.
4. The ink and dyes used for tattooing are color additives. Currently no color additives have been approved by the FDA for tattoos, including those used in permanent makes.
5. Blood donations can not be made for one year after getting a tattoo or permanent makeup.

Health History and informed consent

The following conditions may increase health risks associated with receiving body art.

1. Diabetes
2. Hemophilia (Bleeding)
3. History of allergies, lesions, or sick sensitivities to soap, disinfectants, etc.
4. History of epilepsy, seizures, fainting, or narcolepsy.
5. Use of medications such as anticoagulants (Coumadin and Aspirin) which thins the blood and/or interfere with blood clotting.
6. Hepatitis or HIV/AIDS
7. History of or suspicion of adverse reaction to latex or products containing latex.

Procedure For Filling A Complaint

If there is any injury, infection, complication, or disease as a result of a body art procedure notify this establishment, and The Town of Arlington Board of Health. 27 Maple St, Arlington, Ma 02476 (781)316-3170

Print Name: _____ Date: _____

Sign Name: _____

Ink by Mina Tattoo Shop

458 Massachusetts Avenue, Arlington, MA 02474 (339)223-3602

TATTOO AFTERCARE INSTRUCTION

We are a professional tattoo shop that always uses sterilized instruments and pigments.

Treat your tattoo as an open wound. Keep it CLEAN! Do NOT touch your tattoo with dirty hands! Before cleaning your tattoo clean your hands thoroughly with warm water and soap.

Step 1

One hour after your tattoo procedure, carefully remove the bandage, gauze, and tape. Do NOT rip off! If gauze, bandage, and tape sticks, use warm water to remove it.

Step 2

Clean the area using only a mild fragrance-free antibacterial soap (Dial) and warm water, and do NOT use any other soaps or washes that has fragrance which may cause irritation, swelling, and infections. The area will be tender, but it is very important that you gently clean it very well, removing any dry blood and fluids. DO NOT SCRUB

Step 3

Once clean, PAT dry with a clean towel. DO NOT SCRUB. Let the tattoo air dry for 5 to 10 minutes allowing the pores to close. Add a very small amount of Antibacterial Ointment (Bacitracin, Neosporin)/or Aquaphor Ointment to the tattoo gently massaging the ointment until it absorbs into the skin. Too much ointment will delay the healing process. You want your tattoo to breathe when healing. DO NOT cover that tattoo with any form of bandage, gauze, or tape. The tattoo needs to breathe in order to heal properly and timely.

Step 4

Repeat the cleaning/ointment process 3 times a day for the next 7 to 14 days or until the tattoo settles into the skin (approx. 3 weeks). Full healing takes up to 4 weeks depending on the tattoo and some people's skin may take longer. You may continue the cleaning process for the full 4 weeks of the complete healing process if desired.

Step 5

Your tattoo may get itchy during the healing process (normal) DON'T scratch your tattoo. Slap/tap it or wash it again with warm water then add the ointment. Scratching can cause scarring, infections, longer healing process, and removing of ink that causes your tattoo to have

white spots. You will see some flaking (normal) do NOT pick the flakes. Picking the flakes can cause scarring, infections, longer healing process, and removing of ink that causes you tattoo to have white spots. Let the flakes fall off on its own.

Step 6

Avoid sunbathing (sunburn), salt, chlorinated pool water, hot tubs, saunas, and steam baths for 2 weeks while your tattoo is healing. Avoid and public places like gyms, swimming pools, restrooms, hotels etc. which could/may cause your tattoo to have a serious infection. Showering is ok!

Congratulations on your new tattoo! By following these simple instructions, the healing process should be quick and easy.

First Night/Day

On your first night, there is a chance your tattoo will still bleed. The blood can dry overnight and stick to your clothes or bedding. If this happens, gently take the fabric off. DO NOT force it off or be rough with it. If it still does not come off, wet the area with lukewarm water and gently slide it off.

Fresh tattoos sometimes “weep” during the first couple of days, meaning that plasma and ink form a thin moist coating on the skin. This can be dabbed with a clean paper towel. Press the paper towel to the skin and remove. Do not wipe the tattoo or be rough with it, do not panic when you see the colors of the tattoo on the paper towel, or on your hands as you clean it. This is simply excess ink being secreted from the surface of the skin. To avoid stains, use towels and bedsheets with darker tones and wear dark clothing.

CONSULT YOUR ARTIST AND A HEALTH CARE PROVIDER FOR:

1. Unexpected redness, tenderness or swelling at the site of body art procedure
2. Any rash
3. Unexpected Drainage at or from the site of the body art procedure.
4. A fever within 48 hours of the body art procedure

COMPLAINTS MAY BE FILED WITH:

Arlington Board of Health

27 Maple Street, Arlington, MA 02476 (781) 316-3170

Massachusetts Department of Public Health

(617) 983-6800

Ink by Mina Tattoo Shop

458 Massachusetts Avenue, Arlington, MA 02474 (339)223-3602

CONSENT TO APPLICATION OF BODY ART PROCEDURE RELEASE AND WAIVER OF CLAIM

Please **INITIAL** each item:

___ I acknowledge/agree that I have been given the full opportunity to ask any and all questions about the application of my tattoo from Ink by Mina Tattoo Shop and the Artist performing the tattoo and that all my questions have been answered to my fullest and total satisfaction.

___ I acknowledge/agree that I have had a complete and satisfactory pre-procedural consultation prior to any body art procedure and the health risks associated with it.

___ I acknowledge/agree that I am not under the influence of drugs and alcohol, and I feel well today.

___ I acknowledge/agree I do not suffer from or have history of hemophilia (bleeding) and/or I have consulted with my physician prior to receiving any tattoos.

___ I acknowledge/agree I do not suffer from or have history of any skin disease, lesions, or sensitivities to any soaps, ointments, or disinfectants.

___ I acknowledge/agree I do not suffer from or have history of allergies or adverse reactions to pigments, dyes, latex, or other sensitivities.

___ I acknowledge/agree that I am not using/or used any form of numbing agent prior to my tattoo procedure.

___ I acknowledge/agree I do not suffer from or have history of epilepsy, seizures, narcolepsy, or fainting.

___ I acknowledge/agree that I am not using medications such as anticoagulants (blood thinner) or interfere with clotting.

___ I acknowledge/agree that I am free of communicable diseases such as Hepatitis and/ or HIV/AIDS.

___ I acknowledge/agree that I do not have any other medical conditions or skin conditions that may interfere with the application or healing of the tattoo.

___ I acknowledge/agree that I am not the recipient of an organ or bone marrow transplant, or if, I am, have taken the prescribed preventative regimen of antibiotic that is required by my physician in advance of this tattoo

___ I acknowledge/agree that I am not pregnant or nursing.

___ I acknowledge/understand receipt of written Body Art Disclosures.

___ I acknowledge/understand Ink by Mina Tattoo Shop have given me aftercare written instructions on the proper care of my tattoo while its healing.

___ I acknowledge/understand that it is possible that the tattoo can become infected, particularly if I do not follow the aftercare written instructions given to me.

___ I acknowledge/understand that if any touchup work to the tattoo is needed due to my own negligence, I agree that the work will be done at my own expense.

___ I acknowledge/understand that variations in color and design may exist between the tattoo art I have selected and the actual tattoo when is applied to my body.

___ I acknowledge/understand that over time the color and the clarity of my tattoo will fade due to unprotected exposure to the sun and naturally occurring dispersion of the pigment under the skin

___ I acknowledge/understand that a tattoo is a permanent change to my appearance and can only be removed by laser or surgical means, which can be disfiguring and/or costly and which in all likelihood will not result in the restoration of my skin to its exact appearance before being tattooed, and that no representation has been made on the ability to later change or remove the tattoo.

___ I acknowledge/agree that I have truthfully represented to Ink by Mina Tattoo Shop that I am at least 18 years of age.

___ I acknowledge/agree I have been fully informed of potential/inherent risks associated with getting a tattoo, I fully understand that these risks, known and unknown, can lead to injury, including but not limited to, infections, scarring, difficulties in detecting melanoma, allergic reactions to pigment, latex gloves, and/or soap. Having been informed of potential risks associated with getting a tattoo, I still wish to proceed with the tattoo application an I freely accept and expressly assume any and all risks that may arise from tattooing.

___ I acknowledge/agree that the obtaining of a body art procedure is my choice. I do not have a mental impairment that may affect my judgement in getting the tattoo. I consent to the application of a tattoo, and I am voluntarily submitting to be tattoo by the Artist and Ink by Mina Tattoo Shop without duress or coercion.

___ I hereby give Ink by Mina Tattoo Shop permission to publish any/or all photos of my tattoo.

___ I hereby witness that all tattoo equipment (needles, tubes, ink, etc.) are new and sterile.

___ I hereby take full responsibility for approving spelling of names, quotes, and words, and correctness of dates in my tattoos.

Name _____ Date _____

Address _____ City _____ State/Zip _____

Phone # _____ Date of Birth _____ Email _____

Body Part where tattoo is located _____ Description of body art _____

SIGNATURE: _____ Ink by Mina Witness _____

By signing this form, I agree to release and forever discharge and hold harmless Ink by Mina Tattoo Shop and its owners, agents, independent contractors and employees from any and all claims, damages, or legal actions arising from or connected in any way with this body art procedure. I confirm that the above information was provided to me, that I do not have a condition which will prevent me from receiving body art, that I consent to the body art procedure, and I am aware of all the risks and that I was given a Disclosure Statement and an Aftercare Instruction Sheet.

Ink by Mina Tattoo Shop

458 Massachusetts Avenue, Arlington, MA 02474 (339)223-3602

EXPOSURE CONTROL PLAN

Policy

Ismini Vocas owner of Ink by Mina Tattoo Shop is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 Code of Federal Regulations (CFR) 1910.1030, Occupational Exposure to Blood Borne Pathogens.

Program Administration

Ismini Vocas is responsible for the implementing of the ECP and will maintain, review, and update the ECP annually, and whenever necessary to include new modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Ismini Vocas will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharp containers), labels, red bags as required by the standard, and will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Ismini Vocas will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

Ismini Vocas will be responsible for training, documentation of training, and making the written ECP available to employees, Town of Arlington Board of Health Department, OSHA, and NIOSH representatives.

The ECP is a key document to assist my firm/business in implementing and ensuring compliance with the standard, hereby protecting our employees.

The ECP includes:

1. Determination of employee exposure
2. Implementing of various methods of exposure control; including
 - a. Universal precautions
 - b. Engineering and work practice controls
 - c. Personal protective equipment
 - d. Housekeeping
 - e. Hepatitis B vaccination
 - f. Post-exposure evaluation and follow-up
 - g. Communication of hazards to employees and training
 - h. Procedures for evaluating circumstances surrounding an exposure incident

Employee Exposure Determination

The following is a list of all job classifications at my tattoo shop in which all employees have occupational exposure:

- ☐ Tattooist
- ☐ Piercer (N/A)
- ☐ Apprentice (N/A)
- ☐ Other _____

The following is a list of job classification in which some employee at my tattoo shop has occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

___ Receptionist: () Janitorial duties () Handling regulated waste () First Aid

___ Janitor: () Janitorial duties () Handling regulated waste () First Aid

___ Counter Help: () Janitorial duties () Handling regulated waste () First Aid

___ Other _____

Methods of Implementation and Control

Universal Precautions

- All employees will utilize universal precautions

Exposure Control Plan

- Employees covered by the Bloodborne Pathogens standard (American Red Cross Training Services) receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting Ismini Vocas (owner) at 339-223-3602.
- If requested, I will provide an employee with another copy of the ECP free of charge within 15 days of the request.
- Ismini Vocas (owner) is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure.

Engineering Controls and Work Practices

Engineering Controls and Work Practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are:

1. Disposable gloves are worn during procedures.
2. Hands are washed anytime gloves are to be worn or changed
3. Sharpie containers are located below work surfaces/ station

4. Sharpie containers are located so contaminated instruments and sharps do not cross over work surfaces
5. Disposable tattoo tubes and/or grip combinations are used
6. Tattoo needles and/or bar combinations are not broken after use
7. Disposable razor handles are not broken after use (creating a sharp)
8. Disposable razors are placed in sharps containers after use
9. Face shields are used when instruments are cleaned
10. Goggles and masks are used when instruments are cleaned
11. Heavy duty gloves are worn when instruments are cleaned.
12. Contaminated equipment is placed in transport containers when it is taken to the biohazard room.

Sharps disposal containers are inspected and maintained or replaced by Ismini Vocas every week or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through:

- Review of OSHA records
- Review of OSHA website
- Review of industry publications
- Consultation
- Training at safety conference or seminars
- Review of Center for Disease Control website and literature
- Health Department Suggestions
- Employee suggestions
- Other:

I, Ismini Vocas evaluate new products or new products regularly by review of industry publications internet.

- Health department suggestions.
- Employee Suggestions

Both frontline works and management officials are involved in this process through

- monthly meetings.
- Regular schedule meetings
- Accident reviews
- Other: _____

Ismini Vocas will ensure effective implementation of these recommendations.

Personal Protective Equipment (PPE)

Personal protective equipment (PPE) is provided to all my employees at no cost to them.

Training is provided by Ismini Vocas in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are:

1. Disposable gloves
2. Face masks
3. Heavy duty gloves for cleaning
4. Mask with eye shield
5. Disposable aprons
 - a. Splash barrier
 - b. Other _____

Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available.

Personal protective equipment can be found in appropriate cabinet stored in original packaging only with dry goods used in a tattoo procedure.

Personal protective equipment may be obtained through Ismini Vocas (owner).

All Employees Using PPE Must Observe the Following Precautions

1. Wash hands immediately or soon as feasible after removal of gloves or other PPE
2. Remove PPE after it becomes contaminated, and before leaving the work area
3. Used PPE must be disposed of in appropriate marked bin. (Red bin marked with biohazard label)
4. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces
5. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
6. Discard utility cleaning gloves if they show signs of cracking, peeling, tearing, punctured, or deterioration.
7. Never wash or decontaminate disposable gloves for reuse
8. Wear appropriate face and eye protection when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eye, nose, mouth.
9. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The Procedure for decontaminating face shields is as follows:

- Face shields are disposable

The Procedure for decontaminating goggles is as follows:

- Goggles are disposable

The Procedures for decontaminating utility gloves is as followed:

- Utility gloves are disposable

The procedures for handling used PPE is as followed:

- Used PPE should be discarded in red bin appropriately marked for biohazardous disposal

Other;

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

Sharpie disposal containers

The procedure for handling sharps disposal containers is with gloved hands, close the lid of the sharps disposal container to prevent spilling the contents. Transport directly to area labeled for storage of biohazardous material in accordance with local body art regulations until scheduled pickup.

Other regular waste

The procedure for handling other regular wastes is with gloved hands, tie bag securely and transport directly to bin marked for other regulated waste.

Contaminated sharps

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, punctured-resistant, leak proof on sides and bottom, and label or color-coded appropriately. Sharps disposal containers are located in each procedure area.

New sharps disposal containers are available in appropriate cabinet stored only with dry goods used in a tattoo procedure.

Soiled Clothing

If an employee's clothing becomes contaminated with blood or other potentially infectious material the following procedure must be followed to reduce risk of cross contamination.

- Observe Universal Precautions when handling all soiled laundry: if universal precautions are not used when handling all soiled laundry:
 - Potential contaminated laundry must be placed in color-coded (red) and labeled (bio-hazardous) containers.
- At a minimum all employees shall wear protective gloves, appropriate eye protection, and outer garments when handling contaminated laundry. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment will be used.
- Handle contaminated laundry as little as possible and with minimum agitation
- Containerize contaminated laundry at the location of use. The containers selected must prevent soak-through and/or leakage of fluids to the exterior.
- Contaminated uniforms cannot be taken home for cleaning. Employees should contact Ismini Vocas so that arrangements can be made for laundering.

Labels

The following label methods are used in this facility:

1. Sharps containers color and label type are red and with black/white label
2. Regular waste cans in procedure areas labeled type and color are red sticker on bin with red bag/black biohazard symbol

Ismini Vocas will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility.

Employees are to notify Ismini Vocas if they discover regulated waste containers, contaminated equipment, etc. without proper labels.

Hepatitis B Vaccination

Ismini Vocas will provide information to employees on hepatitis B vaccinations, addressing the safety, benefits, efficiency, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series
- Antibody testing reveals that the employee is immune or
- Medical evaluation shows that vaccination is contraindicated

However, if an employee chooses to decline vaccination, the employee must sign declination form. Employees who decline may request and obtain the vaccination at a later date at no cost.

Documentation of refusal of the vaccination is kept in operations binder in the front desk.

Vaccination will be provided by:

Minute Clinic, 222 Main Street, Wilmington, MA 01887

Walgreens, 15 Bolton Street, Reading, MA 01867

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

Post-Exposure Evaluation and Follow-Up

Should an exposure incident occur, contact the Winchester Hospital at the following number:
(781)729-9000

An immediately available confidential medical evaluation and follow-up will be conducted by the Winchester Hospital.

Following the first initial first aid (clean the wound, flush eyes, or other mucous membrane, etc.) the following activities will be performed.

- Document the routes of exposure and how the exposure occurred.

- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days:
- If the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Administration of Post-Exposure Evaluation and Follow-Up

Ink by Mina Tattoo Shop ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

Ink by Mina Tattoo Shop ensures that the health care professional evaluating an employee after an exposure incident receives the following

- A description of the employee's job duties relevant to the exposure incident
- Route of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test

- Relevant employee medical record, including vaccination status

Ink by Mina Tattoo Shop provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

Ink by Mina Tattoo Shop will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of exposure incident
- Location of incident
- Procedure being performed when the incident occurred
- Employee's training

Ink by Mina Tattoo Shop will record all percutaneous injuries from contaminated sharps in the sharp's injury log.

If it is determined that revisions need to be made, Ink by Mina Tattoo Shop will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.).

Employee Training

All employees who have occupational exposure to bloodborne pathogens receive training conducted by OSHA approved bloodborne pathogens course.

All employees who have occupational exposure to bloodborne pathogens receive training epidemiology, symptoms, and transmission of bloodborne pathogens diseases.

The training program covers, at a minimum, the following elements:

- A copy and explanation of the standard
- An explanation of My ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of be vaccinated, and that the vaccine will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and medical follow-up that will be made available.
- Information on post-exposure evaluation and follow-up that employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session.

Training material for this facility are available in the operations binder at the front desk.

Recordkeeping

Training Records

- Training records are completed for each employee upon completion of training.

- These documents will be kept for at least three years in the operations binder at the front desk.
- The training records include:
 - The dates of training sessions
 - The contents or a summary of the training sessions
 - The names and qualifications of persons conducting the training
 - The names and job titles of all persons attending the training sessions
- Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to Ismini Vocas.

Medical Records

- Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
- Ink by Mina Tattoo Shop is responsible for maintenance of the required medical record.
- These confidential records are kept in off-site security storage, for at least the duration of the employment plus 30 years.
- Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Ismini Vocas 149 Madison Ave, Arlington MA 02474.
- OSHA recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and recording activities are done by Ink by Mina Tattoo Shop.

Sharps Injury Log

In addition to 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log.

- All reports of incidences must include at least:
 - The dates of the injury
 - The type and brand of the device involved
 - The department or work area where the incident occurred
 - An explanation of how the incident occurred.
- This log is reviewed at least annually as part of the annual evaluation of the program and maintained for at least five years following the end of the calendar year that they cover.
- If a copy is requested by anyone, it must have any personal identifiers from the report.

Ink by Mina Tattoo Shop

458 Massachusetts Avenue, Arlington, MA 02474 (339)223-3602

EXPOSURE INCIDENT FORM

A Copy of the Consent form for body art activity completed by the client involved will be attached to this form with a copy of body art practitioner license, and a copy of any medical history released to body art establishment/practitioner must be attached to this form.

This Exposure Incident Form Concerns...

Date of Report _____

Employee _____ Full Name _____ D.O.B. _____

Address _____ City _____ State/Zip _____

Cell/Home Phone # _____ Email Address _____

Date of Exposure _____ Time(am/pm) _____ Location of Incident _____

Position/Title _____ Supervisor's Name _____

1. Please provide a description of the exposed employee's duties as they relate to the exposure incident (attach additional information, if necessary) _____

2. Exactly what part of the body was the incident exposed _____

3. In full detail describe the exposure incident (please provide an explanation of the route(s) of exposure and the circumstances under which the exposure incident occurred). _____

4. Protective equipment in use at time of incident (Yes/No)

- a. Gloves _____
- b. Protective sleeves _____
- c. Goggles _____
- d. Face Mask/Shield _____
- e. Gown _____

5. Instrument(s) _____ used _____ or _____ other _____ equipment _____

6. In full detail describe how the exposure incident was handled

7. Referred _____ to:

(Initial to what may apply)

No medical Treatment sought _____

Emergency Treatment Center _____

8. In response to the incident was there any treatment provided by a doctor?

a. What _____ treatment _____ was _____ provided

b. What medications were prescribed _____

c. Treatment location _____

d. Doctor/physician Name and Phone # _____

A copy of any medical history released to the body art establishment or body art practitioner will be attached to this form

OOP Policy #31, "Universal Precautions, Infection Control and Post-Exposure Management".

(Yes/No)

_____ all staff are trained and familiar with policy

_____ Number of staff not currently trained (_____)

Engineering controls in place at the time of the exposure incident

The term "engineering controls" includes all control measure that isolate or remove a hazard from the workplace, encompassing not only sharps injury protections and needle systems but also other medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens as well as controls that are not medical devices, such as sharps disposal containers and biosafety cabinets.

The work practices and protective equipment or clothing used at time of exposure incident:

Notation of any "failure to control" at the time of the exposure incident". _____

What changes need to be made to prevent reoccurrence? _____

Report prepared by: _____ Date _____

Position: _____

Employee Name (print) _____ Signature _____ Date _____

Supervisor's (print) _____ Signature _____ Date _____

Ink by Mina Tattoo Shop

458 Massachusetts Avenue, Arlington, MA 02474 (339)223-3602

Injury and/or Complication Reports

Affected Client:

Name _____

Address _____

Phone # _____

The nature of the Injury

Infection complication or disease _____

Clients Healthcare Provider:

Name _____

Address _____

Phone # _____

Other Information considered relevant to the situation

I Ismini Vocas will ensure that a copy of this report will be forwarded to the injured client and to The Town of Arlington, Department of The Board of Health which issued my permit within 5 working days of its occurrence or knowledge thereof.

Ink by Mina Tattoo Shop

458 Massachusetts Avenue, Arlington, MA 02474 (339)223-3602

POLICY ON INFECTION CONTROL

Pursuant to Arlington Board of Health Rules and Regulations

Regarding Body Art Tattoo Establishments and Body Art Tattoo Practitioners

Operation procedures for Body Art Tattoo Establishment, Body Piercers, And Body Tattoo Practitioners Artists:

1. Sanitary Procedures:

- a. Before any procedure is conducted, body art tattoo practitioners shall complete all business transactions.
- b. Before any procedure is performed, body art tattoo practitioners shall obtain a, completed and signed, consent form with a copy of a valid ID and provide a copy to the client.
- c. Before working on a client, body art tattoo practitioners must inspect hands and arms for cuts abrasions, open sores, weeping dermatitis, or lesions.
Body art tattoo practitioners MUST refrain from all procedures and handling of equipment if any of these exist.
- d. Body art tattoo practitioners MUST refrain from performing all procedures and handling of equipment if they have a cold, flu, or other communicable disease until the condition has cleared.
- e. Body art tattoo practitioners MUST wash hands, wrists, and up to the elbows with an antibacterial soap and dry hands thoroughly with a single use disposal paper towel. *How to clean/wash hands, wrists to elbows will be posted at all sinks.*
- f. Body art tattoo practitioners must properly utilize disposable medical-grade latex, vinyl, or hypoallergenic gloves.

2. Disinfectant procedures

- a. Use fresh/new gloves for every disinfectant routine
- b. Move in such a manner to avoid re-contaminating of surface.
- c. Dispose all disposable items from work area/station into a lid trash container and all sharpies into a sharp disposable container.
- d. Remove and dispose all paper towel barrier or plastic film (if used) from work area/station.
- e. Disinfect all surfaces, drawer pulls, cabinetry, telephones, lamps, chairs, sinks, tables, floor area, and all other surfaces that may have been contaminated.
 - i. A disinfectant solution of (1 part) bleach and (10 parts) of water shall be used to disinfect blood spills on the floor. Properly dispose all gloves and paper towels/towels used to clean.
- f. Dispose single-use lap cloths after each use (if used)
- g. Properly remove gloves, dispose used gloves.
- h. Dispose materials in biohazardous waste bags after each client.
- i. All reusable equipment, such as body marking pen, shall be nonporous and disinfected after each use. Non-spray wipes for surfaces and liquids for soaking jewelry or other instruments are preferred over spray disinfectants, which may disperse pathogens into the air.
- j. Ultrasonic cleaner and autoclaves not used in this establishment. This establishment only uses disposable items.
- k. EPA approved disinfectants shall be used to dis infect the surface of the skin in the area prior to piercing.

3. Disposal of Waste

*All waste must be disposed of in accordance with these regulations
and any other applicable laws, rules, or regulations.*

- a. Proper disposal of hazardous and biological waste is mandatory. All needles must be disposed of in medical grade sharps containers and disposed of by a professional environmental company licensed by the state.
- b. Any other supplies or material that is contaminated with blood or other body fluids shall be double wrapped in red, hazardous waste bags and removed by an environmental company licensed by the state to remove biological waste.
- c. Uncontaminated disposal waste shall be placed in easy cleanable, sealed containers, with tight lids, to prevent leakage.
- d. Waste containers shall be kept closed when not in use.

**The Establishment, its independent contractor and employees will adhere to the
OSHA Guidelines, Code of Federal Regulations, 29 CFR 1910.1030.**

Procedures for Decontaminating And Disinfecting Environmental Surfaces

Describe the procedures for decontaminating and disinfecting environmental surfaces. Identify items that are to be disinfected, disinfectant used, and the frequency.

Environmental Surface	Type of EPA registered disinfectant used	Procedure/Frequency
Workstation surfaces/countertops	Opti-cide-3 Surface Disinfectant	Using universal precautions, the entire surface is cleaned using EPA registered disinfectant before and opening of the shop, before and after every procedure, and before closing.
Workstation Chairs/Stools	Opti-cide-3 Surface Disinfectant	Using universal precautions, the entire surface is cleaned using EPA registered disinfectant before and opening of the shop, before and after every procedure, and before closing.
Trays	Opti-cide-3 Surface Disinfectant	Using universal precautions, the entire surface is cleaned using EPA registered disinfectant before and opening of the shop, before and after every procedure, and before closing.
Surfaces (including arm rests/headrests) of procedure chairs or tables	Opti-cide-3 Surface Disinfectant	Using universal precautions, the entire surface is cleaned using EPA registered disinfectant before and opening of the shop, before and after every procedure, and before closing.
Procedure area	Opti-cide-3 Surface Disinfectant	Using universal precautions, the entire surface is cleaned using EPA registered disinfectant before and opening of the shop, before and after every procedure, and before closing.
Portable light fixtures	Opti-cide-3 Surface Disinfectant	Using universal precautions, the entire surface is cleaned using EPA registered disinfectant before and opening of the shop, before and after every procedure, and before closing.
Tattoo machine and clip cord	Opti-cide-3 Surface Disinfectant	Using universal precautions, the entire surface is cleaned using EPA registered disinfectant before and opening of the shop, before and after every procedure, and before closing.
Permanent cosmetic machine	Not applicable	Not applicable
Other	Opti-cide-3 Surface Disinfectant	Due to current covid_19 all touch surfaces in the shop will be cleaned regularly through the day (minimum every hour) and after every client.

Procedures for Protecting Clean instruments and Sterile Instruments from Contaminating During Storage

Storage of Clean Instruments

All supplies used during procedure will be stored in locked workstation, all sterile supplies will remain in original unopened packaging until use. Sterile instruments may not be used if the package has been breached, or after the expiration date without first repacking and restoring.

Standard Precautions and Aseptic Techniques Utilized During all Body Art Procedures

Persons performing body art procedures shall observe standard precautions for preventing transmission of bloodborne and other infectious diseases in accordance with OAC 3701-9-4(S) which requires the following:

- Sterile instruments and aseptic techniques shall be used at all times during a procedure
- Hand washing shall be performed before and after each procedure. Fingernails shall be kept short and clean
- Clean, previously unused gloves shall be worn throughout the entire procedure, including setup and tear down, if the gloves are pierced, or torn, or if they become otherwise contaminated or compromised, handwashing shall be performed, and a new pair of gloves shall be put on immediately. If the body artist leaves the area during the procedure, gloves shall be removed before leaving, and hand washing shall be performed, and a new pair of gloves shall be put on when returning. Under no circumstances shall a single pair of gloves be used on more than one patron
- Only sterilized, single use, disposable needles shall be used on a patron. All used needles and associated needle bars shall be properly disposed of immediately after procedure
- If shaving is necessary, single use disposable razors shall be used. Used razors shall be properly disposed of in appropriate sharps container
- All marking instruments shall be single use or be manufactured to sterilize by design
- All products used to address the flow of blood or to absorb blood shall be single use and disposed of properly. No individual performing a body art procedure shall use styptic pencils, alum blocks or other solid styptics to address the flow of blood
- After any body art service and prior to the next, all procedure areas shall be cleaned and disinfected with an approved disinfectant
- All soaps, ink, dyes, pigments, ointments, and other products shall be dispensed and applied using an aseptic technique and, in a manner, to prevent contamination of the

original container and its contents. Applicators shall be single use and disposed of properly

- Any equipment intended for use that is not single use shall be disinfected and sterilized between patrons. Equipment that can not be sterilized shall be disinfected between use, and
- All body artists shall follow appropriate handwashing techniques and wear gloves when involved in cleaning, disinfecting and sterilization procedures.

Personal Hygiene

Describe when handwashing is required in your facility

- Before entering workstation, before and after glove use, before and after client interaction, and after using the restroom.

Describe what personal protective equipment (PPE) will be worn while performing body art procedures

- All artists will wear protective apron, face masks, gloves. Eye protection is optional depending on location of procedure.

Describe when changing gloves is required in your facility

- After cleaning, set up for procedure, after procedure, or if glove become compromised.

Prevention of Cross Contamination

Describe the techniques used to prevent the contamination of instruments, tattoo machines, trays, tables, chairs, clip cords, power supplies, squeeze bottles, inks, pigments, lamps, stools, soaps, procedure site, and additional areas of professional contamination during body art procedure

- All procedure surfaces will be sterilized before and after procedures, covered with appropriate one-time use

Describe types of barriers (films, wraps, absorbent pads, paper towels, bibs, wax paper, aluminum foil, etc.) will be used to protect the above instruments or equipment

- Artist will only use barriers appropriate in medical facilities. Barrier film, dental bibs, medical drapes. Tattoos will be wrapped with either medical grade non-porous drier pads or Saniderm.

Setup Procedures

Describe the setup procedures for the stations for the following procedures

- Tattooing
 - After washing hands and putting on sterile gloves, all surfaces will be properly sterilized. Aseptic technique will then be used to apply proper barriers to all procedure surfaces. Tools will then be placed, sterilized instruments will be checked for expiration date, the properly set up in front of the client. Inks and topicals will be checked for expiration, and setup in front of client.

Tear Down Procedures

Describe the tear down procedures for the station for the following

- Tattooing
 - Directly after the procedure, artist will disassemble machine using needlestick and sharps injury protection techniques and dispose of all sharps in appropriately marked containers. All barriers will be removed, and surfaces will be decontaminated directly after use.

Hepatitis B Vaccination Declination

(Mandatory for each employee to complete)

Please Initial each item:

____ I understand the due to my occupational exposure to blood or other potentially infectious material (OPIM)

____ I may be at risk of acquiring hepatitis B virus (HBV) infection.

____ I have been given the opportunity to be vaccinated with hepatitis B vaccination, at no charge to myself. However, I decline this vaccination at this time.

____ I understand that by declining this vaccination I could be at risk of acquiring hepatitis B, a serious disease.

____ If in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with Hepatitis b Vaccination, I can receive the vaccination series at no cost to me.

Please Sign:

Employee Name: _____

Please Print:

Employee Name: _____

Date: _____

Ink by Mina Tattoo Shop

458 Massachusetts Avenue, Arlington, MA 02474 (339)223-3602

EMERGENCY RESPONSE PLAN

**Ismini Vocas is responsible for developing and implementing of this plan and will be known as
The Emergency Response Team Coordinators.**

Emergency Escape Routes

It is the responsibility of Ismini Vocas to see that emergency escape maps are developed, accurate, and posted. Emergency exit signs will be posted over all egresses. Emergency escape routes will be posted at employee area.

Reporting Fires and Other Emergencies

In the event of an emergency that requires immediate evacuation the person discovering the emergency should dial 911 to contact outside emergency personnel help.

Phones with a direct outside line are located at the front desk at 458 Massachusetts Avenue.

Contact Persons

The Emergency Response Team Coordinator, if on the site at the time of the emergency, or their designee will be the contact person for emergency personnel that arrive at the scene. Team leaders will be responsible for assuring that all employees are accounted for. This will be done by having each Team Leader report ASAP to the Emergency Response Team Coordinator that all are present or who is missing. This information will be forward to emergency personal on the scene. *Each Team Leader will be responsible for assuring for a maximum of 20 employees.*

Team Leaders at this Facility: Ismini Vocas

Others to be added by the Arlington Board of Health.

Accounting for Employees

Employees should immediately evacuate and meet outside 458 Massachusetts Avenue, either in the front parking lot or in the parking lot next door if safe. Employees shall not inhibit emergency personnel.

Each Team Leader will be responsible for accounting for all employees at the meeting spot. In the event the manager is out, any other employee or independent contractor will be responsible for accounting for all department employees. Once it has been determined that all are present or who is missing this should be reported to the Emergency Response Team Leader.

Accounting for Visitors

In the event of an evacuation, the Emergency Response Team Coordinator or other employee or independent contractor will also account for visitors at the outside meeting spot.

Inside Safe Refugee Area

Emergency incidents may occur that do not require evacuation of the building such as sever weather, or outside chemical release. The Safe Refugee area at this facility is 458 Massachusetts Avenue. Communication will be made via cellular phones. Ismini Vocas or any employee or independent contractor on site will be responsible for bringing communication equipment to the Safe Refugee Area along with emergency contact phone numbers. Portable radios and extra batteries will be kept in the employee area.

Evacuation Drills

Evacuation drills will be conducted on a yearly basis. It will be the responsibility of Ismini Vocas to arrange with the local fire department for drills and determine where, if any, changes needed to be made. Employees should provide input as to the effectiveness of the drill.

Training

Training of employees on the proper procedures to follow in the event of an emergency will be conducted by Ismini Vocas. Training of employees will be done on their first day of work and annually.

Additional training will be provided when:

1. New equipment, materials or processes are introduced
2. Layout or design of the facility changes
3. Employee's responsibilities or designed actions under the plan change
4. Drills demonstrate the employee performance must be improved.

Employee training includes:

1. Review of emergence escape routes
2. Fire extinguisher training (if applicable)
3. Means for reporting emergencies
4. Shut down procedures for critical operations
5. Alarm systems
6. Types of potential emergencies
7. Hazardous areas to avoid during an emergency incident
8. Location of meeting spot
9. Procedures for disabled
10. Location of safe refugee
11. Personal protective equipment uses (if applicable)
12. Review Emergency Action Plan

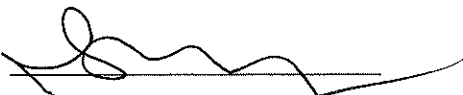
Team leaders training includes:

1. All the employees training
2. Complete workplace layout
3. Alternate escape routes
4. Chemical/process hazards in the facility

Rescue and Medical Duties:

1. Rescue and medical duties will be performed by the local fire department

This plan will be reviewed by Ismini Vocas on an annual basis.



Ismini Vocas, Proprietor

8/13/21

Date

Ink by Mina Tattoo Shop

458 Massachusetts Avenue, Arlington, MA 02474 (339)223-3602

Emergency Contact Information

Arlington Fire Department: (781) 316-3800

Arlington Police Department: (781) 643-1212

Armstrong Ambulance Service: (781) 648-0612

Poison Control: (800) 222-1222

Hazard Control:

Natural Gas:

Electricity:

Arlington Water Department: (781) 316-3194

Alarm Company:

Owner/manager (Ismini Vocas): (339) 223-3602



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Memo

To: Board of Health Members
From: Annette Curbow, Health Compliance Officer
Date: October 8, 2021
RE: Body Art Practitioner Permit – Ismini Vocas

Ismini Vocas submitted an Application for a Body Art Practitioner Permit on September 1, 2021 for Ink by Mina Tattoo Shop. This application is for a permit to practice at Ink By Mina at 458 Mass Ave. This application is sought to practice tattoo. The application was reviewed in accordance with the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners. Upon initial review, it appears that the application was complete, insofar as it contains the required elements.

Ismini currently holds a Permit to Practice Body Art at Ink Jam Tattoo Parlor in Arlington, MA and previously completed a two-year apprenticeship at the same location.

Included in this packet are the following materials for the Practitioner Application.

1. Body Art Practitioner Application
2. Driver License
3. Current CPR/AED Certificate
4. Current Bloodborne Pathogens Training
5. Skin Course Completion Certificate
6. Bachelor of Science Degree
7. Associate of Science Degree
8. Cosmetology Certificate
9. Current Permit to Practice Body Art
10. Immunization Record



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-317
Fax: (781) 316-317

APPLICATION FOR A BODY ART PRACTITIONER PERMIT

Practitioner Information:

Your Name ISMINI VOCAS Home Telephone 339-223-3602

Home Address [REDACTED]

Mailing Address Same

If different from home address

Social Security # [REDACTED]

Date of Birth [REDACTED]

Establishment Information: For a new establishment I would like to open

Name of Establishment Where You Practice Ink by Mina Tattoo Shop

Address 458 MASS AVE ARLINGTON Telephone 339 223 3602

Hours You Operate unknown @ Time Manager's Name "Self"
ISMINI VOCAS

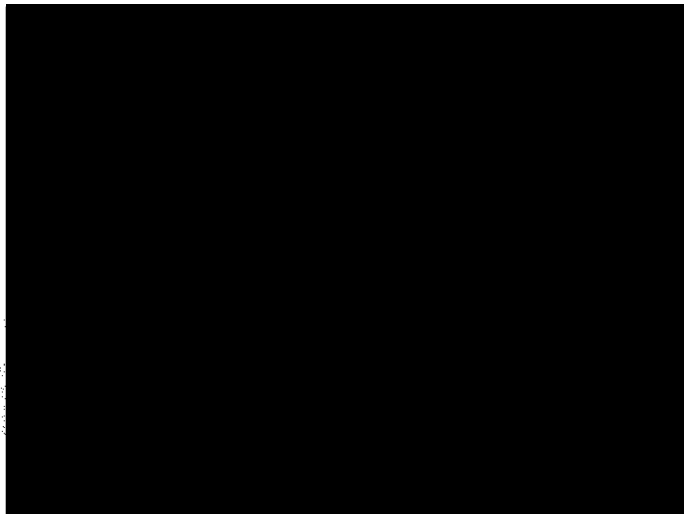
Please submit the following information:

- 1.) Two forms of positive picture identification
- 2.) \$200.00 fee made payable to the Town of Arlington
- 3.) Documentation of training and experience as required in section 12.G (2) of **Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.**

*I have received, read, understood and agree to follow all rules and regulations specified in the **Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.***

Sign [Signature]

Date 8/13/21



COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE

BOARD OF
COSMETOLOGY AND BARBERING
ISSUES THE FOLLOWING LICENSE
COSMETOLOGIST

ISMINI VOCAS



LICENSEE SIGNATURE

1130923

10/15/2022

930094

LICENSE NUMBER EXPIRATION DATE SERIAL NUMBER

BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association®**

ismini vocas

**has successfully completed the cognitive and skills
evaluations in accordance with the curriculum of the
American Heart Association Basic Life Support
(CPR and AED) Program.**

Issue Date

1/3/2020

Recommended Renewal Date

01/2022

Training Center Name

EMT Training Associates

Instructor Name

richard darragh

Training Center ID

MA00738

Instructor ID

06130182031

Training Center Address

4 Crimson Ct
Saugus MA 01906-2567 USA

eCard Code

205509934744

**Training Center Phone
Number**

(781) 233-5050

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

© 2016 American Heart Association. All rights reserved. 15-3001 3/16

Certificate of Completion

Ismini Vocas

has completed the requirements for

Bloodborne Pathogens Training

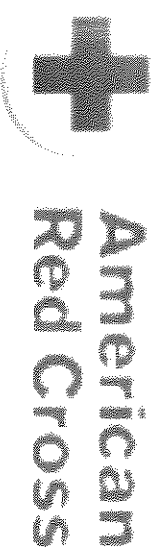
conducted by

American Red Cross

Date Completed: 11/24/2020

Valid Period: 1 Year

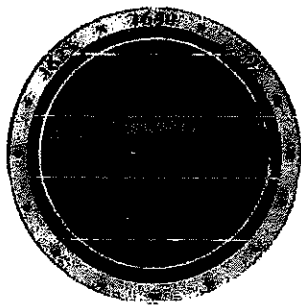
Certificate ID: 00GG5IS



Scan code or visit:

[https://www.redcross.org/take-a-class/qrcode?certnumber=0](https://www.redcross.org/take-a-class/qrcode?certnumber=00GG5IS)

0GG5IS



City of Quincy, Massachusetts

THOMAS P. KOCH, MAYOR

DEPARTMENT OF HEALTH

440 East Squantum Street
Quincy, MA 02171

Andrew Scheele
Commissioner of Public Health

Telephone: (617) 376-1270

Fax: (617) 376-1271

May 9, 2018

To Whom It May Concern:

Today Ismini Vocas, took the Skin Course for Body Artists at the Quincy Health Department and passed with a score a 90% (A). on the exam.

If you have any questions or concerns please feel free to contact me at 617-376-1286.

Sincerely,

Ruth Jones BSN, RN, BC, CP-FS

Ruth Jones, BSN, RN, BC, CP-FS

Director of Nursing

SKIN COURSE FOR THE BODY ARTIST

Quincy H.
Department

Recognition of satisfactory performance and
completion of this program, this certificate is
presented to:

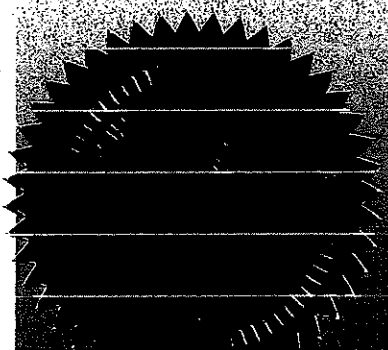
Ismini Vocas

Instructor

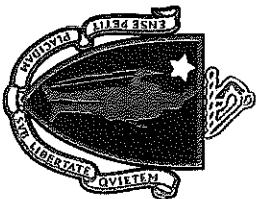
BSN, RN, BC, CP-FS

Beth Jones

MAY 9 2018
Date



UNIVERSITY OF MASSACHUSETTS



*The Board of Trustees, in accordance with the recommendation
of the President of the University
and of the Chancellor and Faculty
of the University of Massachusetts Boston,
hereby confers upon*

Jamini Horas

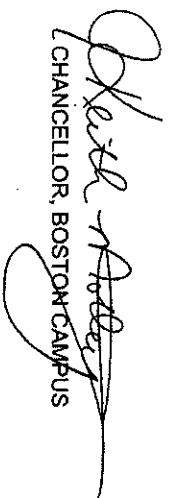
the Degree of

Bachelor of Science

*in consideration of the satisfactory completion of the Course of Study
prescribed for that Degree.*

Given at Boston

June 1, 2012


CHANCELLOR, BOSTON CAMPUS


PRESIDENT OF THE UNIVERSITY


CHAIR, BOARD OF TRUSTEES

Bunker Hill Community College

Boston



Massachusetts

The Board of Trustees of the Bunker Hill Community College

Make it known that

James Horas

having satisfactorily completed the prescribed program of study
is hereby awarded the degree of

Associate in Science

Given at Boston, Massachusetts, this thirty-first day of May, 2008.

James Horas
Officer, Board of Trustees

Mary A. Field
President of the College

2135

LEARNING INSTITUTE FOR BEAUTY SCIENCES

Certificate

This is to certify that

Annini Vercel

has diligently pursued the prescribed courses of instruction and has
given satisfactory proof of efficiency in the practice of

Skincare and Cosmetology

Given this 15th day of November in the year of 1994

in the City of Malden in the State of Massachusetts

Frank Dipardo

Dipardo



**TOWN OF ARLINGTON
DEPARTMENT OF HEALTH AND HUMAN SERVICES**



**OFFICE OF THE BOARD OF HEALTH
27 MAPLE STREET
(781) 316-3170**

PERMIT TO PRACTICE BODY ART

Permit Number: BAA 2021-02

Date Issued: January 1, 2021

**Issued to: Ismini Vocas
Located at: INK JAM TATTOO PARLOR, 12 Park Ave**

This is to certify that the Board of Health has this day permitted this practitioner, as a **BODY ART Practitioner** for the year ending December 31, 2021. This license may at any time be revoked for violation of the terms and conditions as prescribed by the Board of Health or any requirements of law relating thereto.

**Permit fee:
\$200.00**

**Natasha Waden
Director of Public Health**



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Memo

To: Board of Health Members
From: Annette Curbow, Health Compliance Officer
Date: October 8, 2021
RE: Body Art Practitioner Permit – Dylan Vadakin

Dylan Vadakin submitted an Application for a Body Art Practitioner Permit on October 6, 2021. This application is for a permit to practice at Benchmark Tattoos at 1340 Massachusetts Ave. This application is sought to practice tattoo. The application was reviewed in accordance with the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners. Upon initial review, it appears that the application was complete, insofar as it contains the required elements.

Dylan completed a two-year apprenticeship with Blvck Rose Tattoo in Hudson, MA and currently holds a License to Practice Body Arts with the Town of Hudson Board of Health.

Included in this packet are the following materials for the Practitioner Application.

1. Body Art Practitioner Application
2. Driver License
3. Current Bloodborne Pathogens Training
4. Current First Aid/ CPR Certificate
5. Fundamentals of Anatomy and Physiology Certificate
6. Apprenticeship Completion Letter
7. Current License to Practice Body Arts
8. Work Samples



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

APPLICATION FOR A BODY ART PRACTITIONER PERMIT

Practitioner Information:

Your Name Dylan Vadakin Home Telephone _____

Home Address _____

Mailing Address - Same -
If different from home address

Social Security # _____ Date of Birth _____

Establishment Information:

Name of Establishment Where You Practice Benchmark Tattoos

Address 1340 Massachusetts Ave Telephone (781) 872-1537

(Tues-Sun) → Hours You Operate 11AM-5pm Manager's Name Jonathan Santos

Please submit the following information:

- 1.) Two forms of positive picture identification
- 2.) \$200.00 fee made payable to the Town of Arlington
- 3.) Documentation of training and experience as required in section 12.G (2) of Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.

I have received, read, understood and agree to follow all rules and regulations specified in the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.

Sign Dylan Vadakin Date 10/6/21



American Red Cross
Training Services

Certificate of Completion

Dylan Vadakin

has successfully completed requirements for

Bloodborne Pathogens Training

Date Completed: 11/24/2020

Validity Period: 1 - Years

Conducted by: American Red Cross



To verify certificate, scan code or visit redcross.org/digitalcertificate and enter ID.

Learn and be inspired at LifesavingAwards.org



00GG23U



American Red Cross
Training Services

CEU

Dylan Vadakin

has successfully completed requirements for

Bloodborne Pathogens Training Online

Date Completed: 11/24/2020

Conducted by: American Red Cross

Contact Hours: 1.0

CEUs Awarded: 0.1



To verify certificate, scan code or visit redcross.org/digitalcertificate and enter ID.

Learn and be inspired at LifesavingAwards.org

Certificate

OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:

CPR / AED / First-Aid

(Adult / Child / Infant / Choking)

AED / Injury & Universal Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

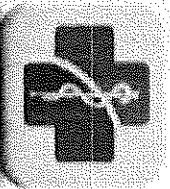
Dylan Vadakin

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 2 years. Course administered in accordance with the **2020** ECC/ILCOR and AHA® guidelines. ID#:C1B94E79

Completion: **September 2, 2021**

Instructor: **Paul J. Scruton**

Signature:



COURSE PROVIDED BY:
National CPR Foundation

CERTIFICATE OF COMPLETION

Dylan Vadakin

has successfully completed

Fundamentals of Anatomy and Physiology

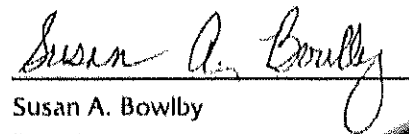
October 4, 2021

Wilmington, Delaware

9.5 Continuing Education Units



Wilma Yu, RN, BSN, MS, CEN
Nurse Planner



Susan A. Bowlby
President



Corexcel is accredited as a Provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation.



Corexcel is accredited by the International Accreditors for Continuing Education and Training (IACET) and is authorized to issue the IACET CEU.

ANCC Accredited Provider #P0066
IACET Accredited Provider #1000795
California Board of Nursing Provider #CEP 13687
District of Columbia Provider #50-452
Florida Board of Nursing Provider #50-452
Georgia Board of Nursing Provider #50-452



Corexcel

201 Webster Bldg
3411 Silverside Rd
Wilmington, DE 19810
www.corexcel.com
888-658-6641
learn@corexcel.com



Black Rose Tattoo
51B Main Street
Hudson, MA 01749

Eduardo St. Louis
Town of Hudson
Department of Board of Health
78 Main Street
Hudson, MA 01749

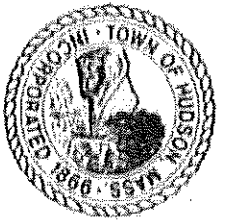
May 3, 2021

To Whom It May Concern,

Under my supervision, Dylan Vadakin, has completed his two year apprenticeship. He has also completed all the required courses (CPR, First Aid etc) for his license. If you have any questions feel free to reach out!

Respectfully,

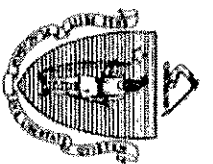
Thais Valadares
508-361-6630



The Commonwealth of Massachusetts

Town of Hudson

Board of Health



LICENSE TO PRACTICE BODY ARTS

Date of Issue
5/6/2021

BODY ART REGULATIONS

In accordance with regulations promulgated under authority of Chapter 111 Section 31 of the General Laws, License is hereby granted to:

Dylan Vadakin
51b Main St
Hudson, MA 01749

Whose place of business is:

Black Rose Tattoo
51B Main St
Hudson, MA 01749

Permit Expires on December 31, 2021

Town of Hudson Board of Health









Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

To: Board of Health
From: Annette Curbow
Date: October 8, 2021
RE: 142 Summer St – Basement Bedroom

Health Compliance Officers Annette Curbow and Ashley Jean conducted an inspection of a dwelling unit at 142 Summer St on September 13, 2021 per the request of occupant Sean Larkin. The inspection was conducted in accordance with the regulations enumerated in *105 CMR 410.000: Minimum Standards of Fitness for Human Habitation*. This bedroom is located in the basement of the single-family home located at the above-referenced address and is owned by Mary Patricia Dixon. The Notice of Violations & Correction Order (attached) was delivered via certified mail on September 23, 2021.

It was explained to both parties that, based on the Housing Code, the basement bedroom is not habitable due to a ceiling height of less than 7' throughout the unit. Though this particular defect does not pose an immediate hazard, it is not likely able to be corrected at all, let alone in a timely manner. Since it is not an emergency matter, a hearing with the Board of Health would be held before issuing a finding of unfitness for human habitation. Both parties were invited to attend the hearing.

The basement bedroom located in the above mentioned address was previously found uninhabitable in a letter dated September 12, 2005 (attached). At this time, the building was owned by Mary Patricia Dixon.



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

September 23, 2021

Sent via Certified Mail

Tracking #: 7019 0700 0000 2732 1386

Patricia Dixon
146 Summer St
Arlington, MA 02474

*RE: 142 Summer St, Arlington, MA 02476
Notification of Housing Violations
Correction Order*

Dear Ms. Dixon:

On September 13, 2021 at or about 1:30 P.M., Health Compliance Officers Annette Curbow and Ashley Jean conducted an inspection of 142 Summer St at the request of occupant Sean Larkin. Occupant Sean was present at the time of the inspection. The occupant contacted this office with concerns of water intrusions into the rented basement bedroom. Upon the review of the housing file, it was found that in a letter dated September 12, 2005 this dwelling had been deemed uninhabitable by this Office. The occupant was made aware that a similar determination could be made as a result of the inspection, and confirmed he still wanted to inspection to take place.

The inspection was conducted in accordance with the provisions of Article II of the State Sanitary Code (the "Code"), 105 C.M.R., §410.000: Minimum Standards of Fitness for Human Habitation and M.G.L c.111 §127A & §127B. The Code protects the health, safety, and well-being of Massachusetts citizens and applies to every owner-occupied or rented dwelling, dwelling unit, mobile dwelling unit or rooming house in Massachusetts which is used for living, cooking, sleeping, and eating. The following conditions were observed during the course of the inspection:

Violations

Basement Bedroom

1. **Violation(s):** The ceiling height in the basement bedroom does not meet minimum ceiling height requirements for habitable space. The ceiling height measured less than 7ft.

Corrective Action(s): Maintain the floor to ceiling height at a minimum of seven (7) feet throughout the dwelling for all habitable spaces.

Relevant Code Citation(s):

105 CMR 410.401: Ceiling Height "(A) No room shall be considered habitable if more than $\frac{3}{4}$ of its floor area has a floor-to-ceiling height of less than seven feet."

2. **Violation(s):** More than ½ of the floor to ceiling height was below the average grade of the adjoining ground.

Corrective Action(s): Maintain a grade level below adjoining ground for no more than ½ of the floor-to-ceiling height of all habitable rooms in the dwelling.

Relevant Code Citation(s)

105 CMR 410.402: Grade Level

“No room or area in a dwelling may be used for habitation if more than ½ of its floor-to-ceiling height is below the average grade of the adjoining ground and is subject to chronic dampness.”

3. **Violation(s):** Waterlines above the baseboard heating were observed throughout the basement, indicating water intrusion and/or chronic dampness.

Corrective Actions: Remediate areas of the dwelling affected by water intrusion to remove all affected building components and remaining moisture. Repair the affected areas to ensure they are free of defect.

Relevant Code Citation(s)

105 CMR 410.500: Owner’s Responsibility to Maintain Structural Elements states “Every owner shall maintain the foundation, floors, walls, doors, windows, ceilings, roof, staircases, porches, chimneys, and other structural elements of his dwelling so that the dwelling excludes wind, rain and snow, and is rodent-proof, watertight and free from chronic dampness, weathertight, in good repair and in every way fit for the use intended. Further, he shall maintain every structural element free from holes, cracks, loose plaster, or other defect where such holes, cracks, loose plaster or defect renders the area difficult to keep clean or constitutes an accident hazard or an insect or rodent harborage.”

NOTIFICATION OF HEARING

Upon further review, Health Department records revealed that the basement bedroom located at 142 Summer St has been previously deemed to be uninhabitable based on housing code requirements in a letter dated September 12, 2005. Based on the current findings, specifically in Violation #1 and #2 and the previous notification, you are hereby notified that **a public hearing will be held with the Board of Health in accordance with 105 CMR 410.831, on Wednesday, October 13, 2021 at 2:00pm. The hearing will be held via Zoom.** Please contact this office immediately to receive instructions on how to register for the meeting. The purpose of this hearing is for the Board of Health to review the case and make a determination as to whether or not this unit is unfit for human habitation and whether an order to secure and to vacate should be issued. Such a finding may result in an order of condemnation which would require the occupant(s) to vacate and the owner to secure the dwelling unit. Please be aware, at this hearing the occupant(s), owner, and any other affected party shall be given an opportunity to be heard, to present witnesses or documentary evidence and to show why the dwelling or portion thereof should or should not be found unfit for human habitation, and why an order to vacate and secure should or should not be issued. Please be advised, you have the right to inspect and obtain copies of all relevant inspection or investigation reports, orders, notices and other documentary information in the possession of the Board of Health; and the right to be represented at the hearing

Failure to comply with this order may result in legal action taken against you pursuant to 105 CMR 410.910.

Please direct any questions to the undersigned.

Sincerely,

A handwritten signature in black ink, consisting of a large, loopy 'A' followed by a series of connected loops and a final horizontal stroke.

Annette Curbow, MPH
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cc: Natasha Waden, Director of Public Health
 Pat Martin, Lead Health Compliance Officer